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## ORIGINAL ARTICLES.

### SOME THOUGHTS UPON DIPHTHERIA, WITH CLINICAL EXPERIENCE.\*

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In selecting this subject for discussion I am not sufficiently egotistical to believe that I shall throw any penetrating rays of electric light brilliancy into the obscure recesses of mysteries and doubt that are yet involved in its etiology, pathology and treatment, but in our profession we can deduce general laws only from the observation and comparison of many facts; therefore, I trust that the little that I have gleaned may draw forth conclusions from the experience of others that shall serve to increase our mutual knowledge, and better prepare us to cope with our formidable foe, and one, too, that we not infrequently meet.

The statistics of Besnier, in France, show that its mortality during the past ten years exceeded that from typhoid fever, and even that from small-pox, measles and scarlet fever combined—the number of deaths from diphtheria being 16,290, typhoid fever 10,304, and from the three eruptive fevers 11,180.

With a view to obtaining information as to the time of year when the disease is more prevalent, I have looked through the files of the *Medical Record* for the year 1882, in which the number of contagious diseases, as reported to the N. Y. Board of Health, are given each week, and found the result as follows: January headed the list with a weekly average of 141, February, 122, March, 108, April, 94, May, 79, July, 60, June, 54, December, 49, November, 41, September, 32, October, 31, August, 26. Hence, in this city during last year, the most frequent period embraced the first five months, and, therefore, a consideration of the disease at the present time is rather apropos, for any information that we may obtain from each other will probably not be long in redounding to our advantage. In a cursory review we cannot enter into a full history, but will merely mention that there is evidence of its having existed from very early periods; nor shall we have time to discuss its etiology, excepting as the question will necessarily enter somewhat into consideration later, but will pass on to a definition of the disease—for evidently all do not agree upon one, or at least not in their diagnosis.

Physicians of standing, of known veracity and with not very different amounts of practice, vary so greatly in the number of cases of diphtheria that fall to their individual lots to treat, that evidently there is not an agreement upon one classification. I will quote Reynolds' system of medicine (the article being written by Wm. Squire, L. R. C. P., London).

"*Diphtheria*.—An acute specific disease, both epidemic and contagious, characterized by a special inflammation of the mucous membrane, chiefly of the pharynx and first air-passages, attended with enlargement of the

lymphatic glands, a rapid exudation either of fibrine or non-organizable lymph, and its deposit within and upon the surfaces affected. Other parts of the mucous membrane and the skin sometimes suffer at the same time, and changes often take place simultaneously in the spleen or kidneys, albuminuria frequently occurring at an early period. The disease is accompanied by great prostration of the vital powers, and is followed by a remarkable series of local lesions of innervation; the tendency to death is by asthenia, either coincident with the disease or gradually induced, or by apnea from implication of the air-passages, which may happen as early as the second day, or as late as the second week of the disease."

It is unnecessary to mention the symptoms of the disease, for we have all met them at the bedside, but we will remark upon a few of the salient points of the definition. It is epidemic, sporadic cases not disproving the classification.

At the present day but few doubt its contagiousness. Exudation of either fibrine or non-organizable lymph is mentioned. According to the description of some who describe the membrane of diphtheria as a tough, leathery substance, one would suppose that they exclude the softer, granular forms of exudation and somewhat superciliously look down upon those who recognize less than a complete picture of the disease, tough membrane, lymphatic involvement, etc.

Dr. Beaumetz, in lecturing before the class in San Antoine (translated and reported in *Medical Record*, Oct. 7, 1882), says: "One reason for the want of prevalence of clear ideas on this subject is the existence of mild forms of diphtheria—the local and benign membranous anginas. The diphtheritic intoxication presents different degrees of intensity. In certain cases the general toxic symptoms predominate and false membrane has only a secondary part. In others, general symptoms but little marked, but local manifestations well defined."

Hence, the morbid unity has been lost sight of and the different phases of the same disease have been classed as different affections. The convincing evidence of the unity is the epidemicity and contagiousness of all these affections. To-day the idea of Bretonneau supported by Trousseau seems to have triumphed over all its adversaries, and even in England where the doctrines of duality had been maintained the opinion is becoming prevalent (as expressed by West and Jenner) that angina membranacea and diphtheria have a common origin."

Marx, who had under the superintendence of Prof. Oertel studied a series of these (light) cases, defines catarrhal diphtheria as that form in which there is only superficial and limited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swellings and limitation of the disease to the throat." That it is true diphtheria, he considers, is shown (1) by its clinical character, (2) by its not unfrequently passing into the severe forms, (3) by its infective power, (4) by its microscopic pathology. *Michigan Medical News*, 1881, Page 142.

\*Read before the N. Y. Clinical Club, Feb. 16, 1883.

Marx is of the germ theory school, and says that the membranes, even in these catarrhal cases, contain colonies of micrococci, and that it is identical with that in the severer forms, excepting that it has not the fibrinous exudation.

No doubt the experience of all of us corroborates the assertion that these lighter forms, often called membranous angina, diphtheritic sore throat, etc., are as fully epidemic and contagious as the severer, and there appears to be no more reason to consider them separate complaints than there would be to refuse to call light grades of scarlet fever such. It is not uncommon at the same time to have in one family the mildest and most malignant types to treat. A most marked instance recurs to my memory now. My journal gives the dates. Aug. 7, 1882, was called to Freddie F., aet. 3 years. Had been sick four days; upon the right tonsil was a deposit of moderate tenacity only, and about one-half inch in diameter; no glandular involvement, not any constitutional symptoms. Isolation was advised, but was already too late to be of benefit. He did well under *potass. chlorat.* gr.  $\frac{1}{2}$  in a little sugar of milk (the amount of *potash* alone looking too diminutive) every two hours; discharged in forty-eight hours. Aug. 16, a sister, aet. 11 years, was taken sick with the disease. I was away from Aug. 16 to 25th, and under another physician's charge this patient recovered, and a babe  $1\frac{1}{2}$  years old died of laryngeal diphtheria, the attack lasting three days. Aug. 20th, Eddie, aet. 8 yrs. began and finally recovered from a severe attack of the malignant form; and Aug. 25th, two older brothers, 14 and 17, were attacked, one suffering only from the lightest grade, being well again in thirty-six hours; the other from a malignant attack, showing the fullest picture of blood poisoning, and though he recovered sufficiently to go around and out, died in just one month from the date of attack, from cardiac paresis. Here were two mild cases that would ordinarily be termed diphtheritic sore throat, and yet were evidently as properly diphtheria as the others. Dr. Beaumetz, quoted above, advocates careful diagnosis though. I will quote again: "Where you will be very likely to go astray is in distinguishing the simpler anginas which are attended with a pultaceous deposit, from diphtheritic angina. You know, in fact, that amygdalitis is sometimes the cause of development of creamy points on the tonsils, and the diagnosis is often extremely difficult, and you must often wait until the march of the affection has enlightened you."

But when in doubt, certainly isolation should be advised. To return to our definition. The exudation is mentioned as deposited within and upon. Jacoby, P. 68, does not insist upon its being within, saying "larger or smaller deposits are found thereon," (that is, on the reddened and injected mucous membrane) "lying loose on the surface or deeply imbedded, according to locality." Being deposited within is considered by many to be a strong diagnostic point between this and other anginas, and also between diphtheria and membranous croup by those believing in the non-identity of the diseases, but we will postpone this question to a later part, and now consider some of the theories held as to the nature of the disease.

During the past several years the germ theory of causation of disease has riveted the attention of the medical world. Formerly, the various fermentations, vinous, acetous, putrefactive, were supposed to be the result of catalytic changes. Now, it is generally admitted that they are caused by the growth of various organisms like the yeast plant.

At one time the theory of spontaneous generation was claimed to be proven, but more careful experiments showed that loop-holes had been left by which microscopic germs, notwithstanding supposed exclusion, had been freely admitted, and upon more careful exclusion spontaneous generation came to an end. Later, these micro-organisms were declared to be the *fons et origo* of

many of our fleshly ills. Bacteria have been studied from all points, classified, and special varieties found in different diseases from the micrococci of diphtheria, the hay bacillus of anthrax, etc., to the bacterium *fœtidum* of sweating feet.

Pasteur has undoubtedly obtained successful vaccine materials against chicken cholera, anthrax and the silk worm disease, but whether they are specific germs or not there appears room to possibly doubt. Have his experiments excluded other material more absolutely than those formerly supposed to support spontaneous generation excluded microscopic germs? Experiments made by Küssner some years ago with pyæmic pus tend to show that the contagion may be something beside the bacteria. He filtered pus through a double thickness of filtering paper and considerable thickness of densely-packed boiled cotton, and obtained a fluid, demonstrated both by the microscope and failure to respond to the cultivation test, to be free from bacteria, which were previously swarming in the pus, and yet injections with this filtered fluid caused death in the same manner and time as those with the unfiltered pus. Hiller supplemented this experiment by obtaining the bacteria separated from the pus; and injection with these failed to produce any effect. Laid upon open wounds and then protected from the air they did not prevent healing as ordinarily. He even injected over a grain into his own blood without deleterious result. The bacteria were found for a day or so in the blood, then disappeared.

Drs. Wood and Formad, of Philadelphia, experimented very extensively two years to a year ago in inoculating animals with diphtheritic membrane, and at that time concluded that diphtheria was due to the deposit of a specific parasite upon the mucous membrane, where it found soil favorable to its growth and development. The experiments were so carefully made and convincing that they were endorsed by the National Board of Health, but since that time further observation and experience have convinced Dr. F. that he was then wrong. Bacteria are now declared by him not to be abnormalities, but existing in all nature. They may serve as poison carriers, not more. Dr. F. has found that the diphtheritic bacillus when washed in plain water, becomes innocuous, and, as allied to the subject, declares that the sputa of non-tuberculous persons contains bacilli identical with those that Koch considers the cause in consumption. I have not had access to a full account of these later experiments of Dr. Formad to ascertain if he tested his separated bacilli to prove that they were reproductive in cultivation fluid, but presume that an experimenter, such as he has shown himself to be, did not neglect that point.

I do not know if any form of bacteria have been found in the vaccine virus prophylactic against variola. Again it would appear that there are cases where mitigated vaccine is unnecessary as Pasteur uses—for when inoculation was made with variolous lymph I believe the induced disease was always mild, but were prohibited only because of danger to others from exposure to the contagion.

Quite recent experiments of some of the germ theory adherents are put forth to show that the amount of oxygen supplied to the successive generations of bacteria, influences the mildness or virulence of these germs—the more oxygen the milder—and that those that have acquired a custom of living without oxygen can penetrate the tissues and produce destruction beyond the power of the others; but would it not appear that, as these micrococci are always present to some extent in the buccal mucous membrane, as admitted of late, that then there would be some germs a little deeper and with less oxygen than others, and that these slightly deeper ones would give rise to a generation still one grade deeper—needing one grade less amount of oxygen, and so on, until slowly but surely the most malignant and penetrating would be developed, and accordingly, it would only be a question of time when an individual must succumb to

the micrococcus by its inducing its special disease, diphtheria, were it potent in any sense etiologically?

Do not Küssner's, Hiller's and later Formad's experiments tend to show that some change in the tissues has already taken place before the germs begin their works.

Innumerable bacteria were found in cholera cases, but as many were found in the intestinal canal in Virchow's case of poisoning by arsenic. Here, certainly, arsenic must have been the cause of injury to the tissues, allowing them to become a prey to the micro-organisms, and may not some influence, telluric or other, or specific inflammations, act similarly in other instances?

Inoculations of the trachea of an animal with diphtheritic exudations are no more successful in producing local pseudo-membranous products than injections with pus, and subcutaneous injections of animals with diphtheritic matter cause death by tubercular deposits in various organs—which facts appear to militate against a specific parasite theory. In considering the claims of the germ theory, the average practitioner, being unable himself to corroborate or disprove different experiments, is, necessarily, somewhat in the position of a juror in law. He must weigh the evidence, and judge accordingly. In this instance, the evidence not being yet concluded, he cannot positively decide whether the disease diphtheria is caused by micrococci, or merely favors their free growth, but of late the probability rather inclines towards the latter view.

We, who believe in the law *similia* as a guide in therapeutics, even if not exclusively, may be more especially interested in the solution of this question; for were diphtheria proven to be the result of a specific parasite as distinct and characteristic as the *acarus scabei*, we should probably be as little inclined to rely alone upon rendering the soil unfavorable for its growth, but as in the case of *itch*, should probably vigorously attack with parasiticides.

We cannot yet theoretically decide upon the value of local treatment, but must be governed by clinical experience, comparing carefully the results when used and not.

Are diphtheritic laryngitis and membranous croup different diseases? Is there, in children, an acute, non-contagious membranous inflammation of the larynx distinct from laryngeal diphtheria, and occupying a position between that disease and simple or catarrhal inflammation of the larynx? The same author whose definition of diphtheria was quoted, defines croup as "an inflammation of the larynx and trachea in children, commencing in the air-passages and often extending into the bronchi. It induces thickening of the mucous membrane and an altered secretion, which may become either membraniform or purulent."

All the definition, with the exception of becoming membraniform, is a picture of catarrhal inflammation, and I do not think that it would become membraniform unless it became diphtheritic, which it might do from inherent tendency or exposure to diphtheritic contagion.

We do not find analogous non-contagious membranous inflammations of other mucous tracts. Bronchitis does not commence in any similar membranous form. Cases commencing as acute nasal catarrh may, when diphtheria is prevalent, assume that character, but there is no intermediate condition corresponding to membranous croup.

Let us review some of the diagnostic points that are commonly given between diphtheritic laryngitis and membranous croup.

1. Membranous croup is a sthenic disease. In answer, no more markedly sthenic cases of membranous croup are met than those that have subsequently proved contagious and diphtheritic, in fact, no very sthenic cases of membranous laryngitis occur, the highly febrile cases of laryngitis developing the catarrhal form.

Jacoby admirably puts it as follows, page 138: "One of the pathognomonic symptoms of diphtheritic laryngitis, membranous croup (he uses the terms synonymously), is relative absence of fever. Catarrhal laryngitis,

pseudo-croup, is a feverish disease. A sudden attack of croup with high temperature, provided there is no pharyngeal nor other diphtheria present, yields a good prognosis; without much fever, a very doubtful one." And he adds, "If I had but words strong enough to press that fact upon my readers."

Believers in the non-identity differentiate between the simple and membranous forms by saying that the former comes on suddenly and with fever, while the membranous is gradual, insidious, slowly getting worse for several days but scarcely noticed, etc.; so how they can claim the distinction of sthenicity between membranous croup and diphtheria does not well appear.

2. Croup is never epidemic. In answer, there are sporadic cases of diphtheria.

3. Diphtheria is a general disease, croup not. In answer, there are numerous cases of contagious pharyngeal, and especially of tonsillar diphtheria, where we have no marked symptoms of constitutional affection. In case some of these benign forms began to deposit the membrane in the larynx, we should have as little evidence of general infection, and in cases that are malignant, death from stenosis occurs before the secondary auto-infection could occur, especially as it does so very slowly and to a slight extent in laryngeal diphtheria, owing to the very scanty supply of lymphatic vessels in the larynx, they connecting only "with the solitary gland at the greater horn of the hyoid bone and a small gland at the side of the trachea." Morell Mackenzie, citing from Luschka, "Der Schlundkopf des Menschen."

The same author mentions cancer, saying that it occurs at different times in both the pharynx and larynx. When in the pharynx it is always accompanied by extensive enlargements of the cervical glands, but when occurring in the larynx it is not.

4. In croup the exudation is upon, in diphtheria, within the tissues.

The character of the exudation depends upon that of the mucous membrane. The latter varies as to number of muciparous glands, vascularity and kinds of epithelium. Even Niemeyer, believing in the duality, says, Vol. II, p. 615, that diphtheritic membrane, when deposited in the larynx partakes more of the character of that usually described as croup. The vocal cords, being entirely free from muciparous glands, would be apt to have the hard, firm deposit, and in passing, I will here remark that we do not have the aid of mucus secretion consequently in detaching the false membrane from this situation.

5. Croup is not attended by albuminuria nor followed by paralysis.

In answer, if any given case of laryngeal diphtheria be malignant, time is not given for either to occur on account of early stenosis, and if benign, they would not be likely to.

Wagner, General Pathology, p. 266, says: "In the lighter forms of pharyngeal diphtheritis occurring here (in Leipsic) there is found a croup membrane of the affected mucous membrane." So that if we retain the two names, croup and diphtheria, and distinguish according to character and composition of the membrane, then many of the cases of benign diphtheria of the pharynx should properly be called pharyngeal croup, but, as we saw in the earlier part of the paper, croup is then a contagious disease. An even later tendency in Germany is to call all pseudo-membranes, of every kind, from that upon a cauterized surface to that in the most marked diphtheria, croup, and divide into infectious and non-infectious.

*Treatment:* Careful search fails to be rewarded by any literature from the expectant school upon the treatment of this disease, and we are forced to conclude that they have not experimented here, or results have been so much less brilliant than in pneumonia, that they have refrained from publishing conclusions.

Time does not permit to enter into symptomatology at length, but I will say that in diphtheria, as in other



diseases, one must examine the whole patient, and make use of any hints that he can obtain in selecting the remedy. Among those found more useful by myself are *arsenicum*, *bryonia*, *rhus*, *baptisia*, *hydrochloric acid*, (the regular typhoid group so far, except that *phosphoric acid* is not included), *apis*, *nitric acid*, *lachesis*, *kali permanganate*, *mercur. cyanuret*, and, in the lighter cases, *aconite*, *bellad.*, *mercur. prot.*, *kali bichrom.*

Will cite a recent *arsenicum* case. Jan. 26, 1883, saw a child, three years of age; had been sick two days; the parents had given *aconite* and *bellad.* Three patches, somewhat smaller than peas, showed upon the right side. The patient was pallid, had the *arsenicum* thirst, no perspiration, watery diarrhoea, several stools daily, had vomited and still felt nausea while I was there; restlessness, especially latter part of night. *Arsenicum* alone arrested all the symptoms in less than 24 hours, but the membrane had not entirely disappeared until five days from first giving *arsenicum*. Of course this had not become a severe case, more of the catarrhal order. I only mention it because the remedy was so plainly indicated, and also to say that probably had topical treatment been used the membrane would have sooner disappeared, and still no bad results ensued from its continuance. In somewhat marked contrast, symptomatically, with this case have been several that I have met lately showing the lack of thirst, plentiful bright red oedematous swelling, and perspiration, alternately drying and coming, of *apis*.

Outside of the ordinary homœopathic remedies, I have found considerable help from *quinine*. And in passing, in regard to this remedy, I do not understand why homœopaths should taboo it. If it were so strikingly similar to many of the symptoms found in persons suffering from intermittent fever as to induce Hahnemann to conclude that it cured by virtue of its similarity, it appears that it may frequently now be the indicated remedy, and if necessary a dose of three grains is as homœopathic as the 3rd trituration. Certainly its marked symptom, tinnitus aurium, is frequently found in malarial fevers where no *quinine* has been given.

But to return, in diphtheria in children, two to six years old, gr. ss. to gr. i., every three or four hours, has frequently been of service.

*Potass. chlorat.*, gr.  $\frac{1}{2}$  or gr. ss., hourly, or every two hours, used somewhat empirically, has helped many times. I admitted its empirical use, and yet an article in the present (Feb. 1883) number of the N. Y. MEDICAL TIMES, p. 353, presents certainly a very homœopathic picture of the condition of the blood and viscera in diphtheria, the condition being the result of the administration of *chlorate of potash*, which possibly is a frequently indicated similitum in the disease, but not yet finely delineated in symptomatology.

I have used satisfactorily *sodii hyposulphit*, gr. iii., every two hours.

Have not found *saliolylic acid* of benefit.

*Benzoate of soda* has yielded negative results, as also *pilocarpine*, in this disease.

In regard to local treatment, I admit that the evidence appears to be in favor of the disease being constitutional, with a special tendency to deposit false membrane upon the mucous membrane of the pharynx and vicinity. And, by the by, this elective deposition of membrane is no more strange than the tendency in typhoid fever to inflame and ulcerate Peyer's patches or glands, the structure of which, study will show, is very similar to the closed capsules lining the numerous follicles of the tonsils. Those who hold diphtheria to be a local disease cite the cutaneous form as proof.

McNiel, prize essay (Duncan Bros.), answers that vaccination is admitted to protect by virtue of its being a general disease, and is certainly very analogous to the case in cutaneous diphtheria.

But even if we admit that the disease is a constitutional or general one, yet many of us cannot refrain from attacking the local manifestations. It is only recently

that I have had courage to do so, but have not met with any severe cases lately. Have succeeded well with lighter ones with internal treatment alone, and intend to try some of the severer when they come. I think that my experience with some of the local applications may be of interest.

Formerly tried *carbolic acid*, varying in strength from the pure to the very diluted, but without very satisfactory results. Especially one case of diphtheria of the vulva following slight deposit in the pharynx, gave excellent opportunity to observe its effects. Here constant application of compresses wet with a two per cent. solution was of very little effect.

*Liq. calc. chlorinata* has been faithfully tried but given up. At one time I thought that Dr. Madden's use of tincture *ferri chlor.* met all the requirements; I found that it very thoroughly checked extension of the membrane, but hardened it and caused it to be longer in separating, and think the application in checking the deposit in the fauces favored its deposition elsewhere, as larynx or nares. The conclusions as regards this application are based upon a careful observation, comparing its effects both when used as an adjuvant to internal treatment, and in other cases alone, without other help of any kind. Have even given it clear, gtt. viii., letting it trickle well over the fauces and not allowing any drink for ten minutes afterward.

Alkaline applications appear to have the best effect, and where we feel that we must use topical treatment, I should favor *potass. chlorat.* For the first two, or even sometimes three, days one would be inclined to think that it was not doing nearly as well as tincture *ferri chlor.* had in other cases, but at the end of that time the result generally comes in seeing the membrane soften and melt away like snow on a mild day, unless its action has been interfered with by the use of some hardening measures, as *carbolic acid* solution, or that and lime water, or even alcohol. As regards lime-water alone I have not happened to have had experience with it. Alcohol appears to have two things to recommend it, viz.: It does not interfere with internal remedies, and I have frequently had patients express a preference for it on account of the throat feeling better after having used it, but I have not found it very efficient, and consider its action objectionable by hardening the deposit. In the milder laryngeal forms have used *kali bich.*, *merc. prot.*, and *iodine*, six or seven drops of the tincture of the latter in glass half full of water, teaspoonful hourly, preparing the medicine twice daily and keeping it in a dark place. In slightly severer laryngeal forms have used *bromine* inhalations. Here steam from constantly slaking lime has failed. Whether constant spray of lime-water from steam atomizer would have done better, I cannot say. In nasal diphtheria I have found it decidedly beneficial to keep the nares clear, even syringing frequently if necessary with tepid water alone, or some simple solution. *Potass. chlorat.* has been objected to on account of its action on the heart and kidneys, but I think that full benefit can be obtained from such small doses that could not possibly affect them injuriously. To obviate these possible effects the *London Lancet* advocates the use of *chlorate of soda* instead, reporting favorably upon the results. The *chlorate* is meant, not the *chloride of sodium*. Prof. Mackenzie speaks highly of a varnish made of an ethereal solution of *tolu*, 1 to 5, applied with a brush, after having dried the membrane with blotting paper. Applications of solution of *chloral*, gr. xv.-xxx. to the ounce, are highly spoken of by many practitioners.

In the great majority of cases I have used stimulants. In cardiac weakness perfect quietude is very essential.

Dr. Reiter of Pittsburgh (Squibb's Ephemeris) alleges that he cures every case in 24 hours by giving, say to a child 6 years old, gr. x. of *hydrarg. chlor. mit.* every hour, and every three hours gr. v. of *potass. chlorat.* December 19, 1882, I was called to see James S., æt. 2½ years. My first visit was at about 11 A.M. For several days he had been sick and during the night preceding my visit



had been very croupy. During the day of my visit was still so, showing steady croupy breathing, inspiration and expiration equally labored, no coryza, not any fever to be noticed, and has not had. Examination of the fauces showed the right tonsil swollen, and upon the right side of the throat was a mass of membrane  $\frac{3}{4}$  inch in diameter and about  $\frac{1}{8}$  inch thick, dense and tenacious. With that quality of laryngeal breathing and that amount of membrane in the fauces I anticipated trouble. I resolved to try Dr. Reiter's plan, slightly modified. I ordered *hydrarg. chlor. mit.*, gr. ii. ss., every two hours, and *potass. chlorat.*, gr. ss., in sugar, each alternate hour. At 6 P.M. of the same day not much changed, although I thought that the breathing was not quite so harsh. December 20, 11 A.M., a little more feverish; the deposit was thinned very much, but of nearly the same superficial extent; very croupy breathing yet. December 20, 7 P.M., a little less croupy; frequent slimy stools. Ordered *calomel* every three hours, and *potass. chlor.* each hour between. December 21, 12 M., a great deal better, no croupy breathing, rested well last night, voice is better, feels livelier, laughs and inclines to play. Continue, but less frequently. December 23, discharged.

This case was certainly as severe as some that I have had a great deal of trouble with, and even when the cases terminated favorably, the attendants had constant work with sprays and steam. In this case did not have the advantage of even the latter, as the heating arrangements were not convenient for it. I thought worth while to relate the case; of course one swallow does not make a summer, but certainly results were very agreeable.

Supposing it to be a cure and not simply a recovery, then the *modus operandi*, whether the cure be by virtue of the action of *mercury* upon the plasticity of the blood, or whether the *potass. chlorat.*, in contact with some oxide, as *ferric oxide*, gives up its oxygen at the temperature of the body, or whether *potass. chlorat.* and *mercury* form corrosive sublimate and act against the micrococci, we must necessarily leave to speculation at present. As regards the last theory, Koch has lately found that the spores of different bacteria are most affected by *chlorine*, *bromine*, and especially corrosive sublimate, solutions of one part in a thousand of the last named arresting their development. Therefore, if we believe that these micrococci should be proceeded against, our 3 x trituration of *mercurius corrosivus* would be a very convenient preparation and could be given frequently, dry upon the tongue.

**Resumé.** 1. Evidence of the unity and contagiousness of all grades of diphtheritic disease.

2. Reasons for doubting that the micrococcus is an all-potent factor etiologically.

3. Also reasons for doubting the existence of membranous croup as a separate disease.

4. In the present state of our knowledge of the etiology of diphtheria, we must yet appeal to clinical experience to determine whether it will do to rely alone upon the specific remedies to increase the vitality of the tissues, thus aiding them in resisting deleterious influences, the micrococcus included, or if we do better to use measures to soften the membrane, or even those that act directly against the vitality of micro organisms, which are apparently demonstrated to be prevalent, but whether as cause, mere coincidence or effect, is yet a mooted point.

**ALCOHOL IN BURNS AND BRUISES.**—Saturate a soft piece of fabric with alcohol, lay it over the burn, then cover it with cotton or finely picked oakum. This is the most cleanly dressing that can be adopted. It may be thought that alcohol applied to a burn will produce more pain, but try it, and you will be agreeably surprised to observe how quickly it will allay the pain; subsequently disturb the dressing as little as possible. Wet the dressing occasionally with alcohol, and the result you will find better than any other method.—*St. Louis Medical and Surgical Journal.*

## MASSAGE.

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It is generally conceded that there is basis of truth and propriety in the present revival of what is known under the modern appellation of *Massage*. Mechanical processes applied by the hands of kindly friends or skilled operators have been used in all ages and climes; this alone is a valuable attestation of its merit. And it may be added that the instincts and the uninstructed reason unite in approval of this form of aid for the sick.

It becomes us, therefore, as physicians, to qualify ourselves for a trustworthy judgment of the nature and value of the service thus rendered. We should be able to advise whether it be of value in pathological conditions, and therefore remedial; or in the physiological, and, therefore, only a hygienic recourse.

If remedial, what principles and rules should control its application; and what are the consequences of misuse?

The first difficulty we meet is, *Massage* has no definite signification; or, rather, it is so flexible as to yield to any meaning the caprice and even the ignorance of the operator may force upon it. All forms and modes of applying pressure with motion of the hands upon fleshy portions of the person of an invalid are therefore included. It is in turn, according to the operator's whim, friction of the skin, kneading of the flesh, wringing, twisting and rotating the limbs; it is motion imparted by the tips of the fingers; by the extended hands; by the heel of the hand; by the clenched fists; it is linear, curvilinear, transverse and perpendicular motion, in either way; it is motion quick, medium and slow; it may commence at any part of the trunk and extremities and terminate at any other part; it may be applied with pre-arranged order or without; the order of processes may be uniform for all cases, or differ in different cases; and this without reference to the pathological condition or stage of progress of diseases; in short, *Massage* may be right or wrong.

In view of this disorderly and heterogeneous condition of the practice, it is duty to our patients, no less than to ourselves, that it be submitted to the crucible of the more accurate science furnished by modern physiology. Till medical science shall adjust the too accommodating methods of *Massage* to specific ends, it must not only fall far short of any value, but often prove a stumbling block and a snare to the unwary. But, with such adaptations as science dictates, *Massage* is quite capable of filling a dignified place in the category of remedies.

### CLASSIFICATION.

In pursuance of our purpose of connecting the methods and uses of *Massage* strictly with incontestible principles in physics and in physiology, all previous and all prevalent empirical conceptions of the subject may be neglected. We may therefore consider *Massage* as including two general classes of processes, applied by the hands of an operator to the passive invalid. These divisions are:

1. Manual processes affecting the skin and general exterior of the body.

2. Manual operations affecting the muscular masses, with the included vessels, nerves, intervascular fluids, visceral organs.

### EXTERIOR MASSAGE.

The integument is a highly nervous organ, and its nervous function must first be considered as the leading part of the nervous mechanism. It is the complement of the brain and spinal cord. The latter would be functionless without the former. No part of the exterior surface is so minute, but, being touched with the finest needle-point, the impression will be conveyed direct to the spinal cord and on to the brain, the seat of consciousness. This proves that answering activity is

evoked in these organs, by the surface impressions, however small and delicate. Such experiments indicate that the nervous loops in the skin and the nerve cells of the centres constitute a sort of nervous equation, in which impression on the one side and action on the other are physiologically equal.

The nervous powers of the skin are by no means limited to tactile impressions. It is susceptible of receiving and transmitting impressions in great variety, in response to which the whole organism reacts in an infinite variety of ways. The impression of temperature is a notable instance. Respiration, oxidation, heat production and other functional acts, are controlled by the varying impressions made on the exterior nerves by variations of temperature. So, too, the nervous functions of the skin are incited by impressions from within no less than from without. This is plainly seen when the capillaries of the face suddenly dilate and the countenance becomes flushed, as in blushing, caused by impressions transmitted from the brain; or when sudden pallor occurs, caused by capillary contraction, on receiving some frightful intelligence.

These instances show the wonderful complexity of the nervous mechanism; the intimate connection of the surface nerve-ends with the central nerve-cells, of which the former may be regarded as the prolongation; and the control of nutritive activity, the constant accompaniment of all function, by the impressions received at the surface.

The power of the nerve-cells of the spinal cord consists in their high degree of *irritability*. This quality differentiates them from all other vital cells. It is irritability that connects nerve-centres with the surface and the surface nerves with the centres. It may also be considered as proved by the examples cited that the central nerve-cells are subject to *qualitative*, no less than to quantitative impressions. We have as different results from varying degrees of the same impressions as from impressions of widely different kinds. And so far as we know, it may be that the same centres afford different influences and cause pallor, or blushing, or incitation to reflex action, or to heat production, or to inhibition, according to the varying nature of the impression.

The point to which we arrive is, that in each case, there is corresponding change in the interior of the cells composing the nerve centres. This disturbance is a nutritive act. The precise nature of the changes are unknown, but the results are conspicuous. There is *dissociation* of material and energy, the one passing in the direction of waste matter; the other manifesting as some variety of nerve power. Meantime an equivalent of energy-bearing matter, derived from the intervascular fluid is substituted for that removed, thus supplying the conditions necessary for repeating the process. Liberation of energy, and its nutritive support are therefore of necessity equal, or nervous phenomena would cease.

The most common forms of nervous energy liberated from spinal centres, are the tactile sense, special senses, the emotions, reflex action, vaso-motor action, trophic action, inhibitory action. The three latter have evident connection with centres also connected with visceral organs. There are probably other nervous functions and connections of which we have at present no ready means of proof. The settlement of this and many other questions of nervous physiology is of no importance in the present inquiry.

The central principle of physiology, whose elucidation is essential to the present purpose, is this: A multitude of nutritive changes are readily superinduced in spinal nerve centres, by mechanical impressions on the skin, in which the terminations of lines of radiation from spinal centres are everywhere present. The visceral organs are similarly, but indirectly, also connected with spinal centres; while the cerebrum is but a higher development of the continuous system of nerve cells,

with which intimate communication is at all times maintained.

It follows that the central nerves are largely under the control of impressions received from the nerve endings in the skin; and further, that all physiological acts subordinated to nervous influence necessarily follow the same control. This principle is especially conspicuous when the nervous influence is morbid.

#### DEGREES OF IRRITABILITY.

Everything relating to nervous phenomena depends on the function or quality of irritability, which in connection with nerve function is what secretion is to mucous surfaces or gland cells, or change of shape is to muscular elements.

Nervous irritability admits of extreme degrees. It is naturally by inheritance very great in some individuals. It is increased by prolonged invalidism, whose surroundings and care serve to cultivate it. Irritability reaches its height under the influence of medication, and after prolonged medication directed specially to affect the nerve centres.

Irritability of spinal centres is denoted by the energy with which they act in response to stimulation through afferent nerves, and is finely shown by experiments in reflex action.

Thus, if a spot largely supplied with nerve-ends, as the bottom of the foot, be lightly touched as with the end of a straw, the whole limb immediately and violently retracts.

In a similar way, a slight touch of the pharynx or arch of the palate produces violent muscular contractions, extending to the diaphragm and muscles co-operating with it, to compress and eject the contents of the stomach.

A touch of a finger to the lower border of the ribs of a specially sensitive person, especially if young, in whom impressions are uncorrected by experience, will cause violent spasms of the diaphragm closely simulating laughter.

In these cases, the impulse discharged by the nerve centres receiving the impression involves corresponding nutritive changes in the same centres. These changes involve the disruption of chemical forms within nerve cells, the emergence therefrom of the changed matter, and the entrance therein of equivalent new material.

But the case is entirely changed in result by what superficially would appear to be but a slight modification in the nature of the impressions made. Thus, if, instead of the most superficial touch of the foot, it be grasped by the hand; or if a hand be pressed upon the side instead of its being touched by a finger; or if food be allowed to glide over the sensitive region of the throat, in place of the feather's touch, no reflex action would follow.

There are several reasons for the changed result. One is, superficial nerve ends are only adapted to superficial impressions. The least *pressure* upon them dulls their functions. When the impression reaches the muscular parts beneath, the whole of the impression is carried forward to the muscles and to the deeper nerve filaments connected with muscular function, and the superficial nerves remain unaffected. Other reasons for the non-appearance of reflex will appear later.

#### INHIBITION.

These examples of nervous action carry us forward to another principle of vital importance in the illustration of our main topic. This is the physiological principle of *Inhibition*. *Inhibition is when one act prevents the occurrence of another otherwise physiologically due.* It requires to be placed in strong relief, in order to make what follows intelligible. It is usually a result of some pre-engagement of the nervous apparatus by some other incitation, which may be an abnormal one; as when stimulation of the *vagi* arrests the heart beat; or as when the *splanchnic* is stimulated by a touch, or galvanism, or a chemical salt, the *peristaltic* motions of the

intestines are suspended. Indeed, experimental physiology is replete with examples of inhibition relating to almost every part of the vital system.

But practical physiology furnishes still more abundant illustrations of the principle of inhibition; as, when you deliver a heavy blow you hold your breath. Normal, even involuntary, function is suspended while the energy devoted to its maintenance is otherwise temporarily employed.

The effects of drugs furnish abundant illustrations of inhibition, as when alcohol inhibits co-ordination of the muscles of the legs, or *morphine* or *chloral* inhibits the cerebro-spinal functions.

Disease, especially of the chronic kind, greatly predisposes the organism to all the phenomena of inhibition. The weakened powers appear to be insufficient in amount to supply all the avenues of force, and incapable, under the circumstances, of flowing freely in all physiological channels.

It has above been shown that chronic invalids have, of necessity, greatly increased irritability of nerve-centres. This renders them, to the same extent, more subject to inhibition, as they also are to reflex action and to pain. The fact of *pain*, which is excess of energy of nerve-centres, involving while it exists corresponding charge of substance and nutritive support, is, therefore, a most powerful and usual cause of inhibition of muscular action.

An interesting illustration of inhibition, as it is often manifested by chronic invalids, is the following example:

A feeble person, in an easy reclining position, has power, liberty and desire to execute your order to move, for example, his foot. While in the execution of this intention *he expresses in words some passing thought*—perhaps of no consequence. The point of interest is, that during the speech the partly executed motion is suspended; it is resumed and completed *after* the conclusion of the remark, *without the least consciousness of the interruption on his part*.

Having thus reviewed the controlling functions of the spinal centres, we are prepared to comprehend certain effects of superficial massages in the light of indubitable principles of physiology.

These effects have been often misunderstood, and have, therefore, been the occasion of a vast amount of senseless credulity on the part of invalids and of empiricism on the part of aspirants to medical fame and emoluments, without medical qualifications.

#### PROCESSES FOR INHIBITION OF CEREBRAL CENTRES.

When the two hands of an experienced operator are placed lightly, palms downward, on the shoulders of an invalid lying face downward on an easy couch, and are then drawn lightly and very slowly towards the feet, the subject experiences an agreeable, but peculiar sensation. If a continuation of this process be extended to every portion of the body and limbs, a remarkable feeling of quiet supervenes. By continuing similar strokes of the hands, with momentary rests at certain regions, as the shoulders, loins and seat, it will be found that even long-continued neuralgic pains are suspended; a feeling of relief and even of stupor will prelude the system. In favorable cases the eyelids involuntarily droop and close, and consciousness of surrounding objects and even moderate sense-impressions are for the time quite lost.

Provided the operator possesses the address, confidence and tact that come from experience, he may indulge in considerable variation in his processes. In any case, he succeeds better by using great moderation, equability, and by applying his hands successively to each segment, from the upper to the lower portion of the trunk and legs, omitting only the frontal or anterior portion. The operation should be terminated by applying both hands to each foot in succession, and if they are cold, holding them firmly till heat returns.

*No part of the clothing should be removed.* The naked skin should nowhere be touched. It is nearly fatal to success to do so. It is impossible to make uniform impression upon the nerves of the skin by contact with the hand.

The conditions for securing somnolent, nerve-quieting effects appertain largely to the subject or patient, who must have morbid irritability of spinal centres, denoted by great emotional activity and liability to hysteria or pain of some sort. The effect appears to be parallel with those of sedation by drugs, and is greatly aided by them; that is to say, the same arrest of pain can by this aid be procured with a minimum dose.

Special qualifications on the part of the operator must unite with the conditions of the subject. He must be so adapted to the nervous condition or whim of the latter, as not to invite an opposing or repugnant feeling, either by his manner or his touch. Much depends on this latter point. There are probably natural differences in people in this regard, as there is in musical or any other faculties. Some produce, instead of quiet, only what the subject describes as a *wooden* or negative feeling, which may be only due to deficient tact.

To recapitulate conditions and effects, the subject must have prominent evidences of morbid irritability, as indicated by *habitual insomnia*, *hysteria*; pain, chiefly of one side; prostration of muscular power; deficient executive ability. On the part of the operator, superior physical strength, especially if a woman, knowledge of effects obtainable, address, patience, tact in the use of hands. The following effects are then quite sure to appear in conspicuous degree.

1. *Abolition of pain.* The most violent neuralgic suffering will often disappear even after failure of sedative doses. Even *morphine* is rivaled in sedation thus procurable.

The form of nervous irritability denoted by hysteria scarcely requires the amount of painstaking indicated above. After two or three repetitions of the processes, the principle of *expectancy*, in which the nervous system spontaneously tends toward the condition described, comes in as aid to the effect. It will then suffice to hold the patient's feet between the hands for a few moments, to quiet all pain.

2. *The removal of insomnia.* This is almost a necessary consequence of the abolition of pain, but is often attainable where pain has not existed. If processes similar to those described be employed at night, and there be subsequent quiet, and especially if the result is favored by retiring to bed *before* the processes, the sleep will in general be dreamless and long continued.

To what category do these effects belong? They appear not to belong to hygiene, for no instruction or practice in aid of the conduct of life and prevention of disease is brought out. Nothing appears in aid of the energy producing functions; no physiological power is promoted; only transient cessation of pain with no correction of its cause is secured. The effects are essentially therapeutic, and are just those most earnestly and directly sought by use of sedative drugs. Experience also shows that the two work together as mutual helps to the same end.

#### THE RATIONALE.

The summary of physiology of the nerves on which the effects described rest, has here been introduced as an essential preliminary to an intelligent comprehension of what follows. Scarcely more is required by those reasonably familiar with the subject.

The phenomena described are specialized forms of *Inhibition*, extending to the functions of the cerebral hemispheres.

There are several distinct physiological effects co-operating to produce the cerebral inhibition; one is the operation of reflex. A touch of the nerve ends at any point is instantly reported in a reflex muscular act. But what if *all* reflex sources are at the same instant



incited? Much the same as when steam is admitted at the same instant to both sides of the piston of a steam engine. The urging to motion and the opposition thereto being precisely equal, it stands still. If  $\frac{1}{100}$  of the pressure be applied to one side only, motion would ensue. There is a similar difference in effect between reflex irritation at one point, and at many thousand. The irritation at each point oppose all the others.

In a similar way, the *sensations* incited are so multifarious and opposing, engaging as they do all segments of the cord, that no distinct impression can possibly be conveyed to the sensorium. Another important fact is that, the impression being made *through* the clothing, all nerve ends are uniformly and equally impressed, and there are no distinguishable differences of impression for the cerebral functions to become cognizant of.

But *all* the spinal centres are uniformly and collectively incited by the procedure described. The irritation involves corresponding guidance afforded by the same act to nutritive activity. Nutritive support is demanded by the whole mass of spinal centres alike. No effect of this kind is produced in the remaining unincited centres, those of the cerebrum. Revulsion is insured. The support of spinal centres fully inhibits that of the cerebral; the latter therefore remains for the time functionless.

The effect of pressure applied at regions along the prone body, co-operates powerfully with those above stated; the method and effect of which are necessarily reserved for discussion in the second of the divisions above made of massage.

#### VALUE OF SEDATION BY MANUAL PROCESSES.

In discussing this point we must sharply discriminate between the *immediate* and the *remote* consequences. The immediate effects have been stated to resemble those of sedative drugs; it may be added that these effects continue about twelve hours at most, and require to be repeated to secure continuance of the effect, in the same way that repetition of drugs is needed for the same purpose. The best outcome of this mode of suspending pain and inducing sleep is the temporary rest secured, during which it is hoped that nature repairs her defects.

The remedial influence thus gained is not radical. In the class of invalids amenable to the inhibition as described, there is an utter failure to secure the conditions essential to recovery, through their agency. The processes introduce no condition capable of rectifying the cause of insomnia, or of pain (which might easily be introduced), and they end by temporizing, without supplying actual curative power.

#### CONSEQUENCES OF PROLONGED TREATMENT BY SUPERFICIAL MASSAGE.

Positive and permanent injury to the nervous system, which is shared by the general system, is liable to follow the habitual use of the method described. This is manifested by increase of insomnia; and, if not neuralgia, at least habitual excess of the emotions. The concomitant of these effects is corresponding diminution of muscular energy, and of all the nutritive functions having dependance thereon.

These consequences are, of course, the reverse of those which at first appear, and of those desired. The reasons for these ultimate consequences are perfectly intelligible. They are due to hyper-activity, superinduced by over stimulation of the spinal nerve-centres. For, although cerebral inhibition is secured, this is at the expense of increased supply of blood to the cord, by which it is maintained in constant preparation for increased function. And in due time such increase of functional activity becomes spontaneous, dis severed from its natural relations, and unmanageable. The spinal functional increase detracts ere long from the support of all other nutritive activities, as well as from the cerebral, in short the unbalance thus maintained

lapses by degrees into disease, possible of some local and pronounced type.

The *muscles*, it may here be intimated, are the natural counterpoise to the spinal centres, and the consequences above described may be wholly avoided by whatever means may coincidentally fructify their nutrition also, some of which will be set forth hereafter.

#### OTHER EFFECTS OF "SKIN" MASSAGE, HYPOTHETICAL AND ACTUAL.

An unlimited amount of misapprehension has always been rife as to the *depurating* functions of the skin. One-sided and inconsequent systems of medical practice in abundance have grown out of false facts and premises concerning the skin. Not only superficial massage, but generally connected therewith, the administering of baths, in water, in vapor, in air, in saline solutions, in medicaments of kinds uncounted at every practicable temperature, are said by their advocates to promote, each in the very best way, the wonder-working depurating power of the skin.

It requires but little accurate knowledge of the functions of the skin and the effect of forcing its increase, to destroy a good deal of illusion in reference thereto. This should be stated, even though pecuniary investments are thereby injured.

One of the assumptions of those whose relentless medical aim points to the skin, is that it has some vicarious power to correct defects of interior action.

The truth is, the skin can exclude only such products of waste as are conveyed by the blood to it, *prepared* for exclusion. The preparation is by the functional acts of the respective organs. The skin has not, anatomically or physiologically, any adaptation either to excrete unprepared waste, or to prepare such waste for exclusion. The alimentary canal and the kidneys also in small degree, may and do afford exit to waste that has failed to be effectually subjected to the vital crucible.

The normal products of waste, products derived from retrograde metamorphosis of tissue, products coincident with evolution of energy, are mainly converted to the forms of *urea*, *water*, *salts*, *carbonic acid*.

The skin discharges no urea.

It gives out a constantly varying amount of water; the variations being functional, and intimately connected with regulation of temperature. Associated with water are incidental salines. Now this water is in no respect depurative, only regulative, and it has but the remotest connection with the health, even when it is largely forced to the surface by means of artificially forming an elevation of temperature. The conversion of hypothetical morbid material in the organism into water, is not necessarily increased in the least, by exciting the skin by heat. This loss of water is more properly regarded as mechanical than vital.

The remaing product passing from the skin is carbonic acid. By far the larger portion produced in the vital system, is discharged from the organism by the lungs, and only a comparatively infinitesimal amount finds its way out by the skin. Quoting the *exact* experiments of Pettenkoffer and Voit. Foster gives about 800 grams discharged daily by the lungs and only about 10 grams by the skin. Other authorities, apparently as the result of less exact experiments, give a larger proportion by the skin, some as low as one-sixtieth or even less; while Aubert, quoted by Dalton, gives one *two-hundredth* part as much by the skin as by the lungs.

The skin, of course, yields the waste products of its own changing substance. But it is neither anatomically nor physiologically adapted to act as an excretory organ for the remainder of the body. It is mainly composed of condensed areolar structure, less susceptible to change than any other component of the organism, except, perhaps, the bones; externally to this are the layers of protecting cells, which so far from excreting, only become dry and exuviate as they reach the surface. The multiplication of these may certainly be accelerated by

harsh treatment, as by mechanical stimulation; but this scarcely renders them excretory.

The skin does not possess the least power to delay the exit of carbonic acid from the system. Its function in that direction requires no assistance, mechanical or otherwise. The physical relations of wet animal membranes to carbonic acid are well known, and it may only be mentioned that such membranes offer not the least obstacle to the passage of carbonic acid. This product of waste has only to be produced, to be in fact beyond the control of animal mechanism. It is drunk daily in large effervescing draughts, without the least suspicion of injurious consequences, or that mechanical operations on the skin can have the least influence in its removal. The trouble is to *produce* it with desirable rapidity, and this is effected only by inviting its production, not in the skin merely, but throughout the organism.

The skin gives out what is brought to it, prepared for exit, and nothing more. *Preparation*, by the chemistry of the organism, is the inexorable condition. This goes forward throughout the membranes and tissues of the body, and only to the minutest extent in the skin. When the skin fails, as it not infrequently does, to afford waste products, it is safe to say *always* does in disease, the fault is clearly *not* in the skin, but in defective vital chemistry. The waste products due are not prepared, and are hence retained. The skin can do nothing with material *destined* for chemical change; such change must have already occurred.

Neither does the skin extend its mechanical powers inward, to coerce outward either completed or uncompleted products of waste. This belongs to the circulation of the blood, and the complicated mechanism therewith connected.

### A RESPONSIBILITY.

By H. W. TAYLOR, M.D., TERRE HAUTE, IND.

A very "nice Old Foggy man" in an article in the TIMES for March, quotes from two recent regular writers in alleged support of the proposition that the scientific gentlemen of the old school object to homœopathy simply because it *is* homœopathy, and not upon any valid ground for objection and rejection. "Old Foggy" writes under the impression that the Paine-Taylor warfare against Internationalism is unjustifiable. Speaking for myself, I hold that *my* warfare is being waged for the purpose of placing homœopathy right before the whole medical profession. Homœopathy is not an exclusive system. The dogma of *similia* is not a universal dogma. On these two points scientific investigators of the old school are led into error. I charge that they are led into this error by Internationals. I shall show that even in the language quoted by Old Foggy there is irrefutable evidence that both regular writers take their measurement of homœopathy, in whole or in vital part, from the teachings of these alleged conservatives whom Old Foggy extols so highly for their diligent efforts to keep up medical sectarianism. Dr. David Hunt—regular—of Boston is quoted as follows:

"Hahnemann believed, and his followers believe, that the Almighty having given us medicinal substances which when taken into the system produce in *every instance* each a distinct and separate action, *He at the same time* gave us a law for the application of these substances in the cure of disease."

The italics in the above quotation are mine. Every student of Hahnemann's writings as a whole will see at a glance the absurd incorrectness at the two points in the above quotation. Hahnemann inveighed against careless proving; he believed that in *some* instances drugs when taken into the system produced distinct and separate actions. Hahnemann, in self-defense also repeatedly declared that *he himself* was the first to discover the application of drugs according to the law of similars. This fixes the date of the "giving" of the law, so far as

"Hahnemann and his followers" are concerned. It also fixes the standing of Dr. Hunt's premises in his argument against what he imagines to be the attitude of "Hahnemann's followers," at this time. And it does two other things. It shows from what source Dr. Hunt got his notions of the attitude of homœopathy; and in fixing the source of his information in the International camp it takes all the sweetness out of "Old Foggy's" plea for that erratic body.

Nor is the second of the two authorities quoted by "Old Foggy," less pious to the destructive point of keen criticism. Dr. George O. Beard is as much in the dark as to the "belief of homœopaths" as Dr. Hunt has shown himself to be. "Old Foggy" reports this gentleman as saying:

"Between homœopathic and regular physicians there is but one legitimate ground of quarrel—and herein the latter have legitimate cause of complaint—viz., the continuance by their old-time opponents of a name and title suggestive of a rigid exclusivism indicative of their supposed arrival at the *ultima thule* of medical research, and their adherence to a universal dogma to which, as such, they can no longer honestly adhere."

Hahnemann declared *similia* inoperative "where a vital organ was injured." The American Institute has officially declared by endorsement of President Breyfogle's address that we do not believe in nor practice according to a universal dogma. But who are the parties whom Drs. Beard and Hunt have mistaken for expounders of homœopathic doctrine? Who believe in the universal dogma? Who swear by the similar remedy world without end? Nobody but the Internationals. These gentlemen are wholly responsible for the false position which "Hahnemann and his followers" occupy toward scientific investigation of the regular school! These are the men who have armed our enemies with their only effective weapon. The men who at Milwaukee declared for the "single remedy and the minimum dose of the dynamized drug and these, *not singly, but collectively*," are the individuals whom the Beards and Hunts of regular forensic medicine have designedly or otherwise mistaken for followers of Hahnemann. These are the men who are perpetually hauling the Almighty and the spirits into the arena of controversial medicine.

They have, so far, succeeded, from the very day that Lutze and Benninghausen publicly perverted Hahnemann's teachings down to the later day of Internationalism, in preventing that investigation of the workings of homœopathy, which invariably ends in convincing the honest investigator of the great value of the new law. Even Dr. Beard with his perverted view of homœopathy gives us great credit for having carried forward the best investigation into drug action. It is awful to contemplate the change that must come over the Hunts and Beards when they shall have learned that the *only* ground upon which they have refused to join hands with us in these infinitely important investigations never existed.

Through this same misconception of homœopathy, so zealously fostered by the Internationals, humanity has been defrauded of the full and immediate fruits of the beneficent truths of *similia*. Internationalism stands between the medical world and its divinest revelation. Is it fair, is it just to ourselves and humanity, to allow Internationalism so to stand forever? Is not "Old Foggy" an obstructor of medical reform and progress, when he encourages and endorses International obstruction of general investigation?

The "movement" which "Old Foggy" terms the "Paine-Taylor movement," and against which he inveighs, is *on*. Regular medicine waves toward us the blessed olive branch of peace. They ask us to disavow a sentiment which we never held, and in consideration of such disavowal propose to extend to us the right hand of fellowship. The private aggrandizement of no set or clique should for one moment be allowed to stand in the way of the universal adoption of a truth of such incomparable importance to mankind as is the law of similars.

In my opinion it is clearly our duty as men of honor and truth to declare publicly and officially that we do not believe in nor practice in accordance with a universal dogma. We should hasten to do ourselves that tardy measure of justice. We will be recreant to the trust reposed in us by the people—we will be false to the dearest interests of humanity and the medical profession—we will be worthy of condemnation as wilful obstructors of the march of science, if we fail now to take this step forward in response to the specific overtures of the great body of scientific medicine.

### DISSIMILAR, SIMILAR, OR THE SAME?

By ELDRIDGE C. PRICE, M.D., BALTIMORE, MD.

The editors of this journal, in the January, 1883, issue, quote the following from Cornil on Syphilis, in a footnote to an article:

"Kussmaul (1866) and Virchow have had little difficulty to prove, from a thorough study of mercurialism, and a histological investigation of constitutional syphilis, that there exists no analogy between the accidents caused by mercury and those which belong to syphilis."

If this be true, then the experiments and observations of Hughes, Huber, Scopolli, Klement, Hermann, Arebado, and many others must be accepted *cum grano salis*, or rejected, simply because their observations and those of Kussmaul and Virchow prove diametrically opposite assertions. They both cannot be correct, and neither can they both be wrong. On a previous page of the work quoted is the following:

"It has been shown that the first two stages of syphilis are amenable to treatment by mercury." True, but is it possible that the author uses mercury in the same dose, indiscriminately, with the expectation of good results in both these stages? If so (and there is no reason to think otherwise), I must confess to a preference for the logic of Dr. Hughes.

This question of the relation of mercury and syphilis is one of no inconsiderable importance; upon it hangs the truth of the law of similars.

If there are no symptoms of mercury homœopathic to certain symptoms of syphilis, then what particular form of disease has its similitum? What degree of resemblance between pathogenesis and pathology constitutes homœopathicity? How nearly must drug effects resemble disease to make the drug homœopathic to the condition?

There are many degrees of similarity; how similar must a drug be to a disease to be homœopathic?

I have always believed the degree of similarity in some effects of mercury of sufficient clearness to consider it homœopathic to certain forms of syphilis.

Not only have some believers in a law of similars doubted the homœopathicity of mercury to syphilis, but similarity between the pathogenesis of quinine and certain manifestations of malaria has been questioned. If these two drugs bear no homœopathic relation to syphilis and malaria respectively, then what drugs produce symptoms that are truly homœopathic to diseased conditions?

The literature upon this subject, I must confess, is obscure and confusing to the truth seeker. Similarity has been taught to mean identity, and it has been interpreted to be dissimilarity, and a number of vague definitions of the term, as applicable to the law of cure, have been given in various degrees of ambiguity; but, so far as I can discover, nothing positively and clearly definite has ever been written.

The confused ideas upon this subject, of the earlier writers on homœopathy—including Hahnemann—is notorious; the universality of the law of similars being claimed, and the very rising and setting of the sun being regarded as sublime illustrations.

As a more intimate acquaintance of science has placed certain limitations upon this law, teaching the fact that

its sphere is *within* the pale of therapeutics, men with iconoclastic proclivities have still further attempted to limit the usefulness of this unexplained law, and have refused its claims as the law of therapeutics, and assert it to be a law of therapeutics, in common with other laws of cure.

Still other minds have refused to acknowledge even this much, and deny that homœopathy is based upon a law at all. If this last opinion be correct, then the explanation I seek is of little moment; but if, as we believe—largely from *a priori* conclusions, deny it as we may—the infallibility of the assumed law of similars to be a fact, then an explanation of the degree of similarity, necessary to make a drug homœopathic to disease, is of vital importance.

With this knowledge we may become scientific physicians; without it we must remain experimentalists.

For this weak point in the foundation of homœopathy we may give due acknowledgement to the mistaken enthusiasm of our early provers, and also many modern ones.

Could we separate the wheat from the chaff our end might be obtained; but how is it possible—if *similia similibus curantur*, indeed, be a law—to cure symptoms with drugs that never produced the analogues of these symptoms? And how is it possible to study the shades of resemblance between a drug and a disease with no positive knowledge of the drug?

Carroll Dunham claims one of the results of an acquaintance with our science, to be prevision; but how many of our most important therapeutic truths have been stumbled upon—I mean since 1796—and not foretold? Are not such accidents in excess of intelligent predictions? In other words, do we not deduce the relation of facts to the law of similars, from the facts after discovery, rather than predict the occurrence of facts from a foreknowledge of the law? Science may gift us with prevision, but is it conferred by imperfect knowledge?

It is quite reasonable to suppose the action of drugs to be based upon some law, and from the glimmerings of truth we have had for centuries, and from the clearer light given us by Hahnemann, whereby many conjectures have been verified, we may intelligently entertain the probability of a time in the future when therapeutics may mean the art of applying science to the cure of disease. But now, possessed of but the outlines of a possible subdivision of science, when men—whose sincerity and scholarly acquirements demand respect—tell us that we cannot define the degree that founds the cure of disease upon a law of similars, who can answer?

This subtle scientific problem is worthy of profound study. Solve, it ye who can, and fear not the result; truth will not suffer.

INTERNAL USE OF CHRYSOPHANIC ACID IN PSORIASIS.—In view of the many disadvantages attending the external use of *chrysophanic acid*, Dr. Alex. Napier, of Glasgow, has been led to administer the remedy internally, with results which he describes in the *Lancet* for May 20, 1882. His experience, he thinks, is sufficient to show that in certain cases psoriasis may be cured by the internal use of *chrysophanic acid*, that the belief that the remedy has a general as well as a local action on the system is well founded, and that the drug is capable of being absorbed when taken in this way, and of exercising a special influence on the skin after absorption. This action may possibly be found to be due, as in the case of *arsenic*, to some special elective influence of the drug on the epidermis. It seems that the dose should at first be small, and should be increased gradually as the stomach is found able to bear it. The drug seems also to be better sustained when given in powder, after food, and combined simply with sugar of milk.—*Journ. of Cutan. and Vener. Dis.*, Nov. 1882.



## CLINIQUE.

## HOMŒOPATHIC HOSPITAL, W. I.

## A CASE OF EXCISION OF THE SCAPULA.

PERFORMED BY JOHN H. THOMPSON, M. D. VISITING SURGEON.

Reported by A. P. Williamson, M.D., Chief of Staff.

T. H., æt. 40 years; shoemaker; Ireland. When admitted April 13, 1881, presented the following history and symptoms:

Has always been a stout robust man and enjoyed most excellent health.

On April 6, he received a stab wound from a rusty bayonet in the dorsal surface of the left thumb. The wound appeared to be a slight one and he paid no especial attention to it. On the third day after the accident, while at work, the hand suddenly commenced paining him, and soon after redness and swelling appeared around the wound. At the end of a few hours the condition of his hand was such that he was incapacitated for work. During the next four days the inflammatory symptoms increased greatly, the forearm and part of the arm became swollen and painful. The wound discharged pus freely. The pain in the wound became excruciating, he was restless and anxious during the day and sleepless at night, his appetite failed him and he lost rapidly in weight.

Now his arm, forearm and hand are red, œdematous and exceedingly sensitive. The wound, although small, extends deeply into the hand and is discharging pus very freely, the edges are indurated and of a dark red color.

R—*Silicea*. Flaxseed meal poultice locally.

April 16. The swelling has greatly decreased. The wound has enlarged, taking on the condition of an ulcer, and several small sloughs have been removed. His appetite is better and he sleeps well.

R—*Silicea*. *Calendula* locally.

May 10. Since the date of last entry, April 16, the inflammation has gradually involved more and more of the deeper tissues and encroached on the arm to a great degree. The ulcer has extended to the forearm. Another ulcer has formed on the arm just above elbow, and to-day a large slough, three inches by two and a half inches, was removed from it; the original wound is exceedingly offensive, and the discharge is thick and fetid.

R—*Hepar sul. cal.* Charcoal poultice locally.

May 15.—No especial change. Sloughing still continues. The patient is much weaker, his appetite has altogether failed him, and he is very restless and anxious.

R—*Arsenicum*. Charcoal poultice locally.

May 21.—During the past few days typhoid symptoms have developed. He now has a diarrhœa with profuse, offensive and dark colored stools; pulse is small and weak; some muttering delirium; tongue coated brown and dry, and skin is very dry.

R—*Bapt. tinct.* Poultice continued.

May 24.—Since the date of last report, the patient's condition has been rapidly growing worse. The sloughing has invaded more and more of the arm, and has nearly reached the shoulder. The muttering delirium has given place to coma, from which it is difficult to arouse him. The alvine discharges are involuntary. The pulse is weak and flickering. After consultation Dr. Thompson decided that amputation was imperatively demanded. When two ounces of *ether* had been administered, the patient was found too weak for anesthetizing, and was only kept alive by the hypodermic injection of brandy, two drachms of which were administered before sufficient *ether* could be given to render the patient sufficiently insensible to go on with the operation. The arm was amputated at the anatomical

neck of the humerus by the antero-posterior flap method. The flaps were dressed with *balsam of Peru cerate*.

R—*Verat vir.*

May 25.—The patient did not have very profound shock. His general condition seems improved.

May 26.—Patient is still delirious, but all his symptoms have improved. The stump looks very well.

May 27.—The patient has shown wonderful reactive power. All untoward symptoms have disappeared. Although still flighty at times, the delirium has gone. The diarrhœa is well, and he is no longer restless. The stump looks nicely.

R—*Arsenic.*

June 16.—Progressing nicely. Wound is healing and his strength is improving.

Before he was operated on his temperature raised from 100° upward, reaching 103° four times, and on two other days was as high as 104°. After the operation it ranged from 90° to 100° most of the time, reaching 103½° at one time only, on the sixth day after the operation.

July 1.—General health very good. Stump looks nicely, except a small place superiorly where a portion of the bone shows.

August 1.—Has been gaining flesh rapidly. Has no pain: appetite good and sleeps well. The part of the humerus which is not covered with granulations is somewhat discolored.

September 1.—Granulations are slowly forming over point of humerus.

Oct. 19. Point of humerus completely covered by granulations, excepting a small sinus.

Nov. 10. No especial change.

Nov. 25. Upon careful examination it was discovered that a large portion of the head of the humerus was necrosed, and its early removal was decided upon.

Dec. 5. Dr. Thompson to-day disarticulated and removed the head of the humerus, and remaining part of the bone. The wound was dressed by the open method, and packed with marine lint and *balsam of Peru*.

R—*Aconite*.

Dec. 10. The wound looks well and is healing rapidly. After dressing the shoulder this morning, the patient suddenly became very weak and pale; the pulse 120, small and soft; the respirations hurried and shallow; vomiting and acid eructations with feeling of great distress about the heart.

R—*Dig.*

Dec. 11. Heart symptoms gone. The vomiting continues after eating. Shoulder painful.

R—*Phos. ac.*

Dec. 12. Patient's general condition much improved. Wound looks very nicely.

R—*Ars.*

His temperature at the time of this operation, Dec. 5th, was normal, to which point it returned on the 19th, reaching 103° on the 6th, 8th and 12th.

April 5, 1882. Since the last entry the patient's health has been most excellent. He has gained forty pounds in weight since the first operation was performed. Appetite is good. The wound has healed, excepting superiorly, where there are two small sinuses, which discharge a small amount of laudable pus; these are packed with marine lint and *balsam Peru* daily.

R—*Silicea*.

May 1. Within the past few days the tissue around the sinuses has assumed an erythematous hue. On introducing a probe the glenoid fossa of the scapula was found to be carious.

May 8. No especial change. After careful examination Dr. Thompson decided to perform a third operation and remove the carious portion of the scapula, which was not thought at first to involve more than the glenoid cavity, but after the first incision was made the caries was found to extend down the anterior border of

the scapula, when its entire removal was speedily decided upon, and the incision extended to four and a half inches downward over the middle of the bone; the caries had so weakened the osseous structure that it broke in two directly across in the middle, when lifting up the inferior angle. The upper portion was then loosened from its muscular attachments and removed, with the exception of the coracoid process, which, appearing to be healthy, was sawed off and allowed to remain. The hemorrhage was controlled by compression. The incision was closed by silver sutures and dressed with *catendula*.

#### R—Aconite.

May 10. The patient has recovered very nicely from shock. There is a slight redness about the wound. Temperature  $102\frac{1}{4}$ ; pulse 120 and rather weak. Ice was applied to the part, the redness disappeared and the temperature was reduced.

#### R—Bell.

May 11. On account of the pocketing of pus posteriorly, the sutures were removed and a pint of offensive brown pus evacuated. The opening was packed with *bals. Peru*.

May 13th. Wound looks well. Stomach exceedingly irritable, unable to retain the slightest particle of food. Enemata of beef tea and milk every two hours.

#### R—Phos. ac., dil.

May 20. Wound looks nicely. Since date of last entry patient has been nourished exclusively by enemata of beef tea and milk every two or three hours. To-day he was able to retain a little beef tea and brandy in the stomach.

His temperature reached  $103^{\circ}$  May 12th and 14th after which it gradually declined until the 22d, when it continued to be normal.

June 15. The wound has healed kindly. His stomach has given no further trouble and his general condition is much improved.

July 12. The patient is now perfectly well. The shoulder is entirely healed. Discharged from treatment. Left the hospital Nov. 9, 1882, perfectly well. Since which time, by the assistance of kind friends, he has procured a false arm and is now earning his own living. Dr. Thompson desires me in this manner to express his thanks to the House Surgeons of the Hospital, Drs. Dewey, Helfrich and Lowry, for their minute attention to all the details of dressing and care of this case from beginning to end, without which the result could not have been such a happy one, the case having been almost hopeless at the commencement, and the dressings very important, especially after the last operation.

Dr. Thompson also expresses his belief that this is the first time a surgeon belonging to the Homoeopathic School has excised the scapula for caries, and hereto appends the following table.

TABULAR STATEMENT OF EXCISION OF THE SCAPULA.

Name of Operator.	Date.	Result.
Mr. Cummings.....	1808.....	Good recovery.
Van Wather.....	1811.....	Died in 14 days, from operation.
Liston.....	1819.....	Died soon after.
Heymann, of Coblenz.....	1823.....	Recovery and good use of arm.
Janson, of Lyons.....	1824.....	Recovery and good use of arm.
Wutzer, of Münster.....	1825.....	Recovery and good use of arm; but died in 4 years from return of disease.
Castara, of Luneville.....	1826.....	Died during operation.
Luke.....	1828.....	Good recovery and useful arm.
Skew.....	1830.....	Good recovery and useful arm.
Gaetam Bey.....	1830.....	Recovery.
Jäger.....	1833.....	Caries extended and died in 9 months.
Dr. Crosby.....	1835.....	Recovery, but died in a few mos. from return of disease.
Syone, of Edinburgh.....	1836.....	No subsequent history.
Mussey.....	1837.....	Recovery.
Larrey.....	1838.....	Recovery.
McClellan, of Phila.....	1838.....	Recovered from operation, but died from return of disease.
Travers.....	1838.....	Died in one year from return of disease.
Rigand, of Strasbourg.....	1843.....	Recovered.

Name of Operator.	Date.	Result.
Cooper, of British Guinea.....	1842.....	Recovered.
Petrequin, of Lyons.....	1844.....	Died in 25 days.
Mussey.....	1845.....	Recovery.
Lewes, of Boston.....	1845.....	Died soon.
Gilbert, of Phila.....	1846.....	Died in 5 months.
Textor, Jr.....	1846.....	Recovered in 40 days, with good use of arm.
Fergusson.....	1847.....	Recovery prompt and permanent.
Langenbeck.....	1848.....	Died of pyæmia in 21 days.
Textor, Jr.....	1849.....	Recovery, with good use of arm.
Langenbeck.....	1850.....	Died in 17 hours.
S. D. Gross.....	1850.....	Recovery.
Hertz, of Erlangen.....	1852.....	Died from loss of blood in 1 hour.
Barrier, of Lyons.....	1853.....	Died in 24 hours.
Englehardt, of Riga.....	1853.....	Recovered.
Langenbeck.....	1855.....	Died in 10 months from return of disease.
Syone.....	1856.....	Recovery.
Heyfelder.....	1857.....	Died of pyæmia in 8 days.
Buck.....	1864.....	Died shortly from return of disease.
Fergusson.....	1865.....	Recovery from operation.
Fergusson.....	1865.....	Recovery, with good use of arm.
Pollock.....	1865.....	Recovery, with good arm, in 11 weeks.
Fergusson.....	1866.....	Recovery; no subsequent hist'y.
Fergusson.....	1867.....	Died in 3 days from shock.
Busch.....	No date.....	Recovered, and earned living in factory in 2 years.
Busch.....	No date.....	Died from exhausting suppuration.
Stephen Rogers.....	1867.....	Recovery, with good use of arm.
Schupert, New Orleans.....	1868.....	No history.
Pollock.....	1870.....	
Esmarch.....	1870.....	
Steele and Michel.....	1871.....	
Logan and Spence.....	1872.....	
King and Grady.....	1872.....	
Crawford.....	1874.....	
Schneider.....	1874.....	
Wood and MacCormac.....	1875.....	
Omboni.....	1875.....	
Péan and Gundrum.....	1875.....	
Peters.....	1878.....	
Mazzoni.....	1878.....	
Bilroth.....	1878.....	
Brigham.....	1878.....	
Orlowski.....	1879.....	
Mikulicz.....	1879.....	
J. H. Thompson.....	1882.....	Good recovery—is earning his own living.

#### SERVICE OF DR. C. A. BACON.

Reported by G. T. Stewart, M. D.

**Diagnosis:** Delirium tremens. S. McC., et. 32 years. Widower; Ireland; painter. Admitted Feb. 7, 1883.

There is no heredity. His mode of life has been intemperate. In former years he has suffered from alcoholism, malaria and rheumatism.

**Previous history:** Having been drinking for some time, his appetite gave out four or five days ago, and since then he has only slept in cat-naps. His bowels have been very irregular, and there has been a burning sensation on urinating.

**Present condition:** Cannot keep still; is restless; jumps up and tries to chase away his visions of hobgoblins, snakes and illusionary objects of all forms and sizes; eyeballs glassy and rolling; thirst quite marked; talks irrationally.

**Present Health:** Bowels irregular; appetite very poor; burning sensation on urinating; sleeps poorly and awakens startled and nearly furious; haggard and wants to fight with everyone.

**R. Hyos. tinct., gtts. v. Aqua  $\zeta$  ii.** Teaspoonful once in two hours.

Feb. 10. Last night, because of hallucinations, he became unmanageable and was placed in a padded cell.

**R. Nux vom. tinct., gtts. v. Aqua  $\zeta$  ii.**

**R. Hyos. tinct., gtts. v. Aqua  $\zeta$  ii.** Teaspoonful from each, alternately, every two hours.

Feb. 11. This morning he tried to choke himself with strips torn from his blanket. No appetite. Bowels move regularly.

**R. Same.**

Feb. 13. Appetite returning. Thinks he has been

moving furniture, etc., and that he has sent out for a drink.

B. Same.

Feb. 14. Patient has become very quiet during the past 24 hours and has been returned to his ward. Appetite voracious; bowels regular; sleeps well.

B. *Hyos. tinct.*, grs. v. *Aqua*  $\frac{3}{4}$  ii. Teaspoonful every two hours.

Feb. 18. Frontal headache, worse on arising; vertigo passing off after he has been up a short time; buzzing and ringing in the ears; voracious appetite; sleeps well.

B. *Quin. sulph.*  $\frac{1}{10}$  grs. ii. *Aqua*  $\frac{3}{4}$  ii. Teaspoonful every two hours.

Feb. 23. Discharged cured.

Attending physicians, Drs. Jno. M. Foster, Geo. T. Stewart and Thos. H. Hicks, of hospital staff.

### TREATMENT OF BURNS.\*

By R. V. PITCAIRN, M.D., ALLEGHENY, PA.

As burns are by far the most frequent accidents occurring in civil life, an occasional discussion of their treatment may afford new points of interest and keep clearer the duties for such emergencies.

Before proceeding to relate the treatment, it may be well to give a cursory statement of the general nature of burns.

Burns of the first to the third degree (Dupuytren) are by far the most painful; and the more sensitive the part involved the greater the suffering, being in some cases frightful in the extreme.

Scalds, unless from molten metals, seldom extend beyond the third degree, but as the extent of surface involved is usually great, it adds much to their severity.

Burns of a deeper degree than those mentioned have nothing uncommon in treatment to wounds of the same magnitude resulting from other causes.

Deep burns of members, destruction of portions of members, or deep burns of the trunk, unless implicating some of the visceral organs, are proportionately not as great in their fatality as surface burns. A fatal termination is more likely to ensue where the nervous system is especially sensitive or weak. Cases withstanding the nervous irritation are again proportionately fatal as the suppurative surface may extend, or as secondary inflammation implicating the functional organs may occur.

The causes of duodenal ulceration, especially in surface burns, as well as the diagnosis of such condition during life, are still matters of much obscurity. Good authorities on the subject, however, state that its importance in practice is much exaggerated. Of fatal cases of burns examined, presenting ulceration at this point, some died within four days of the reception of the injury, others at a period as remote as the third month.

Patients dying from other complications during the healing process of burns, have presented evidences of ulceration, the ulcers having healed. Others dying from exhaustion, with diarrhoea, presented no trace of duodenal complication.

The proper care of these misfortunes renders the subsequent condition less dangerous and greatly allays the frantic and appalling pain usually attending such accidents.

Any means likely to procure in the greatest degree these results, are important factors.

Uniformity has by no means been attained as to the best or most proper plan to be pursued in the treatment; the measures adopted varying with different physicians.

To some extent this may be owing to the condition of the patient and the nature of the burns with which these parties may have had their experience.

The choice of treatment to a considerable extent, therefore, may be left to our discretion and experience. A method proving satisfactory and gratifying to all seems, as yet, not to have been obtained. The use of what are termed cooling applications, as astringent lotions to the part, is a common method. They apparently prove beneficial by preventing the reaction which may be very great in a tissue so vascular as the skin, and which may prove a potent agent in the production of pain, by compressing the nerve filaments so numerous there. This mode, in connection with some narcotic, as *sulp. of morphia* internally, promises much relief for the sufferer. The exhibition of narcotics is particularly needful where the pain, terror, and depression are great. *Opium* is to be used, however, with great discretion, if at all, with children where cerebral complications are quite manifest.

Where the nervous prostration is great, with coldness of surface and sinking from shock, warmth to the surface, with stimulating draughts internally, is serviceable.

Burns with such condition of system would be more amenable to the raw cotton dressing.

Carbolized oil, together with cotton, has been much used in surface burns of great extent, and has proved very efficient. It mainly commends itself in those cases where there are symptoms of sinking vitality.

For burns of the first to the third degree the treatment by means of cooling applications, as Goulard's water or cold water, is advised in Holmes' Surgery, and led me to the use of cold water in a case, occurring recently. The burn covered both hands and wrists, the skin blistering in nearly its whole extent, and resulted in scattered surfaces of ulceration. It was occasioned by the ignition of benzine used in cleaning kid gloves while on the hands and brought to the gas to inspect. Involving the most sensitive portion of the skin, it caused the patient, a woman, pain simply agonizing, and rendered her fairly frantic. Cold water was ordered as the first means of relief, and the hands plunged into it. When the *bi-carbonate of soda* which I had ordered, arrived the attempt to make use of it proved fruitless, the patient exclaiming she couldn't bear "that," and at once plunged the member into the water, which assuaged the pain greatly.

As the water would become warm in a few moments it had to be renewed frequently. The hands were kept in the water fully half to three-quarters of an hour, and the pain and heat subsiding the carbolized oil dressing was then bearable.

The patient, though, finding the hands tolerably easy in the water, was still very nervous and fretful, and a half-grain of *sulp. of morphia* was given internally.

The wounds healed nicely and all went favorably.

As to whether such treatment would be warranted or could be extended is still an open question, and it is for the purpose of obtaining the views of the members in this regard that their attention is especially directed to this particular treatment. The treatment by immersion in water for surface burns of the whole body is practised by Dr. Déclat of Paris, according to a pamphlet extolling the virtues of *phenic acid* used by him in various affections.

The patient is placed in fresh water—not cold—and suspended by means of a hammock or sheet for twenty-four to forty eight hours. Whether the *glyco-phenique* added to the water is the serviceable agent in the removal of pain may be questionable, but this treatment is said to render great ease and comfort to the patient.

Cases coming under my care or observation, involving much skin surface, have been treated by the application of carbolized oil and cotton but there is great difficulty immediately following the burn in keeping this dressing in position.

Another method of local treatment is the use of poultices. These applications, when used warm, ought apparently to merit trial, especially in burns of the

\* Read before the County Society at its March meeting.



trunk; they relax the tissues and prevent irritation from external action. *Creasote*, *carbolic acid* and *cantharides* in water and applied to the parts are measures adopted by some.

*Creasote* (a dram to the pint of water), used in a burn of the hand of the third degree, did not convey the impression of being a potent agent. Cold water itself would undoubtedly have rendered equal satisfaction.

The remedies most likely to be useful in connection with these local applications are: *canth.*, *rhus. tar.*, *bell.*, *ars.*, *apis*, *opium*.

The deformities and loss of natural movements of parts resulting from burns are generally to be avoided by the position given to the part during the healing process.

The contraction and drawing of the cicatrices is greatest when the cellular tissue is much involved in the injury. The position given should be one which keeps the burned surface at full extension.

#### DISCUSSION.

The members had not had any practical experience in the use of cold water in burns. Dr. Seip, while in Vienna, had seen patients who were burned treated with the immersion bath, but could not say anything of the result. If the treatment was not at least as good as any other it would not be used so constantly in the hospitals of Vienna. As to the length of time during which patients were kept under this treatment, he had seen one (suffering with some form of spinal disease) who was almost continuously in the water for 385 days. Dr. Dean had had better success with a 50 per cent. solution of alcohol than with any one other external agent. It would relieve the pain in a brief time in any degree of a burned surface, although the patient might be so severely injured as to require weeks for his recovery. He used *urtica urens* in burns of a mild degree, or *canth.*, where there was great blistering. Did not use cotton on account of its heating qualities, and the tendency of its fibres to adhere to the injured surfaces. T. M. S.

#### RUPTURE OF BOTH CARDIAC VENTRICLES.

By H. C. BLAUVELT, M.D., NEW YORK.

The patient, Mrs. S—, aged 80 years, resident of Old Folks' Methodist Home, Forty-second street, was suddenly taken, at 2 P. M., with pains across the epigastric region, which she described as a sensation of fullness. After a short time the pains extended down the arms and into left axillary region. General coldness supervened, with dyspnoea and great suffering. The pulse was full, and she was able to walk about. Dr. C. E. Boyle, attending physician, was called, and suspected rupture of an aneurism. At 2 A. M. the next morning I was called, but the patient had expired suddenly, after having walked across the room.

I made an autopsy the following evening, and found hypostatic congestion of the lungs; the pericardium thickened and adhered to the diaphragm; it contained a clot of blood about an ounce in quantity. In the walls of the right ventricle was a rupture one and a half inches in length, at which point the walls were very thin, and all the muscular tissue infiltrated with fat. In the walls of the left ventricle was another rupture about three-quarters of an inch in length. There was very little eccentric hypertrophy. The right auriculo-ventricular valves were normal. The mitral thick, roughened and shortened, aortic valves normal, slight atheromatous patches in aorta, some ante-mortem clots in the intra-ventricular walls. Considering the size of the first rupture, which must have occurred at the first attack, the extravasation was very small. This may have been due to the thickness and inelasticity of the pericardium, or else to the weakness of the heart's action. The second rupture must have been the immediate cause of death from paralysis of the heart.

**LUPUS EXEDENS SUCCESSFULLY TREATED WITH THE SOLAR RAY CAUTERY.**—A case diagnosed as lupus exedens of the nose and upper lip is described by Dr. O. V. Thayer, in the *Pacific Med. and Surg. Journal*, for January, as having come under his care after two years of unavailing treatment by others. With a powerful lens with a focal diameter of three lines, having a clear sky, an unobstructed sunlight (the great essentials in the success of the solar ray cautery), he most thoroughly cauterized the diseased surface. This was accomplished in three minutes' time. The cauterization was not very painful while using the lens, although the skin was burned to a crisp. All pain ceased immediately after the removal of the glass. This has been Dr. Thayer's experience in nearly all the cases operated upon with the solar ray.

The burn surface was dressed with zinc ointment, over which was applied a compress wet in a 5 per cent. solution of carbolic acid. Thirty-six hours after the operation an improved condition was visible. The discoloration of the nose and lip disappeared rapidly from day to day, and within less than two weeks the patient presented herself with the ulcerative surfaces most thoroughly healed. There was but little deformity, though the cicatrized surface was extensive.

**THE SUBCUTANEOUS INJECTION OF MEDICINES.**—An article by Dr. Kafka, of Prague, translated in the *Brit. Jour. of Hom.*, from *Allg. Hom. Zeitung* gives an interesting account of two cases in which medicines, in minimal doses, were administered subcutaneously with brilliant success, after other treatment (including hypodermics of *opium* and *quinine*) had been tried in vain. One patient received an injection of *arsenic 3rd*, in accordance with the symptoms. "The result" we are told "was literally like magic." Another injection being given the next day, the fits of pain stayed away from that time forth, and have never since returned. Recovery was ultimately complete. In the other case, diagnosed *tetanus in consequence of meningitis*, in which no medicine could be administered either *per os* or *per anum*, *cicuta vir.* 2nd, was selected. Five drops, with five drops of tepid water, formed the injection. In a few hours the tetanus had disappeared, and never afterwards recurred. The action of the subcutaneous injection was so exquisite that Dr. Kafka ventures to call the attention of practitioners to the merits of the method.

**TRANSFUSION OF ALKALINE SOLUTIONS.**—Dr. Bischoff has injected a six per cent. solution of *chloride of sodium*, a little *potash* being added, into the radial artery of a woman sinking from post-partum hemorrhage. The operation lasted an hour, during which forty ounces of the solution were injected. The woman recovered. The following are the conclusions of the author regarding this operation: 1. Compared with transfusion of blood, it is more simple, less dangerous and of more easy application, because of the difficulty of finding a donor of blood in every case. 2. The quantity of solution injected should not be less than a pint. 3. The fluid should be injected into the arteries rather than the veins, as thus it is made to traverse the capillary system before reaching the heart. It acquires a proper temperature, and the danger of sudden cardiac distension is avoided.—*Journal de Méd. de Paris*, Dec. 2, 1882.

**AMYL-NITRITE IN INFANTILE CONVULSIONS.**—Dr. Bridger, in the *Lancet*, says that he has obtained good results from the use of *amyl-nitrite* in the following cases: 1. Convulsions resulting from an abscess in the tympanum. 2. From tubercular meningitis. 3 and 4. From dentition. One-third of a minim in mucilage was applied to the child's nostrils every three hours.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., ART. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

## INDEPENDENT JOURNALISM.

Science is not only a statement of facts but its records include the steps which lead to them and the natural deductions therefrom. Certain facts and principles are so well established that neither illustration or argument is necessary to substantiate them. That two and two make four, that water will not of itself rise above its own level, are simple facts which no one denies. The only question is how to use those proved and self-evident facts to the best advantage.

Equally true is the dual action of drugs. The question is not as to the principle, which no one denies, but as to the best way to utilize this fact in the treatment of disease. We undoubtedly need at times for the relief of suffering, both actions; when is the full drug action needed and when the tonic and gently stimulating action? Is not the former more mechanical and palliative, and the latter, flowing gently but continuously like the galvanic current, more likely to act curative when the trouble is not due to mechanical obstruction? This question, how to utilize a great principle, how to avail ourselves of all the beneficial effects of a drug, must be left, to a great extent, to the experience and judgment of the individual practitioner. We must look at both sides of the shield, the gold and the silver, to understand fully its value. Admitted the principle—and who does not admit it?—there ought to be no serious contest as regards its application. Fully realizing the fact that we are living in a material world and dealing with a material body, through which we can only reach its higher spiritual organization, the size and repetition of the dose should be adapted to the temperament and peculiar idiosyncracies of the patient, the character of the disease and the surroundings. And now comes in the judgment and skill of the physician. The facility

with which the man adapts himself to every position, and the skill with which he seizes hold of the real facts, notes the delicate shadings and individual peculiarities in the case, and applies the remedy, stamps him as a physician, a healer worthy of the name; or as a mere mechanic, a routinist, forever running in a single rut.

The time will come to every practitioner, in fact it comes almost daily, when dogmas fail, when he can call no man master, but must be a law to himself. Can the mere dogmatist be an intelligent conscientious physician? Will not the man who always fights in a single direction often fail, and should not the physician be master of every weapon in the armory from the battle ax, breaking through solid walls and iron bars, to the shining Damascus blade which cuts with its keen edge through the most delicate fabrics?

The NEW YORK MEDICAL TIMES in commencing its eleventh volume sees no reason to recede from the position of non-partisanship and non-sectarianism taken in its first issue. Its pages have been open to a full, fair and courteous discussion of great principles and to a statement of scientific facts and clinical experience. It has sought in its editorials to influence the profession into paths of greater unity and harmony, and to break down the walls of professional *caste* and intolerance. It is rejoiced to see that the tendency of the profession is today strongly in the direction of more liberality and of a higher scientific standard. Less partisan, less dogmatic, less sectarian, and more scientific, the leading minds of the profession are eagerly entering upon the new line of investigation, the new fields of scientific thought, which have been recently, and are constantly being opened on every side, daily influencing the mind less to the formation of theories from conclusions formed in part from isolated cases, and more towards abiding by the conclusions formed from an array of well-established and thoroughly proved facts.

With largely increased facilities for intelligent work the MEDICAL TIMES hopes to make itself more useful to the profession in the future than in the past. While every department of our profession will receive its due share of attention, particular attention will be given to *Materia Medica* and *Therapeutics*. The peculiar properties and scientific indications of new drugs as they appear will be carefully noted, and scientific improvements in instruments and the application of remedies intelligently described.

The MEDICAL TIMES aims to be a mirror, not of a part, but of the whole profession, reflecting in a truthful manner the profession as it is. It is a medical newspaper, giving the current news in the medical world; short, practical, original and clinical articles, editorial discussions of the leading topics of the times, reviews of new books in the interest of the reader, and matters of general interest to the profession. It hopes to fill its pages with useful and practical matter. The MEDICAL TIMES will gladly receive, and present to the public, communications from all who have valuable information to give, such information as will really aid the physician in his professional work.

The new volumes opens with largely increased facilities for thorough and intelligent work and we trust will commend itself to a steadily increasing patronage.

### THE AYES AND NOES ON THE NEW CODE.

The ayes and noes of physicians from New York City on Dr. Squibbs' resolution, at the last meeting of the State Medical Society, to abolish the new code adopted at a previous meeting, were as follows:

*Ayes.* John G. Adams, J. W. S. Gonley, John H. Hinton, Robert Newman, Francis V. White, William T. White, C. S. Wood.

*Nays.* C. R. Agnew, W. T. Alexander, W. R. Birdsell, W. M. Carpenter, F. A. Castle, C. L. Dana, F. R. S. Drake, Louis Elsberg, George H. Fox, Frank P. Foster, Robert M. Fuller, A. G. Gerster, V. P. Gibney, Emil Gruening, A. Hadden, J. W. Howe, A. Jacobi, A. M. Jacobus, L. Johnson, H. Knapp, D. Lewis, J. L. Little, A. V. B. Locknow, W. F. Mittendorf, Paul F. Mundè, E. L. Partridge, H. G. Piffard, O. D. Pomeroy, T. R. Pooley, J. H. Ripley, D. B. St. John Roosa, S. Sexton, G. F. Shradly, A. H. Smith, F. R. Sturgis, S. O. Vanderpool, David Webster.

It will be seen from the city of New York there were thirty-seven *nays* and seven *ayes*. In this connection we remark that Dr. Austin Flint has commenced, in the *New York Medical Journal*, a series of articles on Medical Ethics and Etiquette, which he proposes shall form a commentary on the National Code of Ethics. Dr. Flint in all his sympathies belongs to a past generation. He has not, for more than a score of years, if ever, been in active practice, but has occupied the position of a teacher and a consulting physician in his specialty, and has, therefore, had no opportunity except, perhaps, to a limited extent, in hospital practice, to follow the progress of a case and note carefully the result of treatment from the beginning to the end. To him progress, if it comes at all, must come through regular orthodox channels. His articles will undoubtedly be of interest to those who live only in the traditions of the past and believe the *Kappa Lambda* Society still rules with its iron hand and its petty spirit of selfishness; but we can hardly imagine they will have effect upon the present generation, into which is so thoroughly infused the broad, liberal spirit of scientific progress. In the same journal we find a paper, read before the State Society at its last meeting, by Dr. H. B. Hopkins, so just, so manly, so honest in its tone that we copy, with emphatic commendation, its concluding paragraph:

"One cannot study the writings of the leading men in our profession—the men who have devoted so much of talent to the organization and maintenance of the various corporate associations of the profession—State and National—associations whose objects are the upbuilding of the professional character, the attempt to realize the ideal, the good physician; one cannot learn of these old masters and not be convinced that the policy of the profession of the State, as shaped by the code of 1849, has been based upon false premises, has been untrue to the genius of our art and our institutions; has not com-

mended itself to the judgment of reasonable men, and that its reformation is called for by every argument, by fidelity, justice, and expediency. Is it *expedient* that the profession of this State shall shape its policy by the code of 1882? The facts involved in the relation which should exist between the individual members of the profession, between the members of the profession and their patients, between the profession and the people, between the profession of to-day and the future, between the science of to-day, its imperfections, its limitation, its undevelopment, and the science of the future, with its full fruition, its glorious results—all these are involved in this question of expediency. Never in the history of the Society has a more momentous question come up for its consideration and decision; and as that decision is given will the profession of this State, like the chosen people of old, this day go over Jordan or turn back to wander in the wilderness? Men have said the code of 1882 is revolutionary, and they are right; it *is* revolutionary and the profession, under its guidance, will be, like the traveller who has been following a will-o'-the-wisp, and at length discerns the beacon light of a mansion, to reach which he is ready to overcome all obstacles and surmount every difficulty, for that mansion in which he may rest and be refreshed is the confidence of a free people."

The public are tired of the old *Kappa Lambda* ring, with its assumed dignity, its overbearing tyranny, and its petty spites and jealousies, and the men who have inaugurated this declaration of professional rights and broken through the trammels of *caste*, have placed themselves in the ranks of progress, and deserve and will receive the commendation of an intelligent public.

### POST GRADUATE STUDY.

There is no better classical training in the world for the active duties of the medical profession than that offered by the great hospitals of New York. The learning acquired in a college course is mostly that obtained from books and lectures, and the general idea of disease gained in a large lecture room from clinics when the patient is only seen at a distance. The hurry of most young men to get into the profession of their choice as speedily as possible induces them to cram for examinations, thinking less of the practical knowledge gained by minute clinical study through the sight and the touch than by the ability to answer correctly the general examination questions. A year, or two years, spent in careful clinical and special study after graduation is all-important to the young practitioner. This study in the great hospitals brings him in direct contact, practically and experimentally, with almost every form of disease he will be obliged to diagnose. The hospital course is the very best possible graded course which can be desired. It takes over eighteen months, six of which are devoted as junior assistant, in part, to careful records of cases; the next step as senior assistant is to minute examination of cases under competent instruction and at last six months as full house physician or surgeon. At the conclusion of eighteen months service, having passed



through the several grades, he has not only learned how to make a careful and scientific record, but he has had opportunities for physical diagnosis, pathological study and a close watching of the effect of hygiene and drug treatment, which will give him an experience which would not be acquired in years of ordinary practice.

But outside of the hospitals the student can post himself practically in the various departments of the profession in the private instruction of able specialists. He may thus learn how to use the microscope, the ophthalmoscope, the spectroscope, and the various electric agencies so that they will become real helps to him, invaluable aids in diagnosis and scientific research instead of being mere scientific toys.

The great tendency of the profession is to build up a reputation in some special department of our art in which the individual can take rank as a specialist, an expert in that department. This is all very well, but this position should only be sought, after years of careful study and general practice. The young man who from the period of his graduation turns his attention to a single line of study, neglecting the general study of the human system, can never be a successful specialist. So much is due to reflex action, one organ sympathizing with another, that unless the specialist has made himself familiar by general practice and study with the intimate relations all the organs bear to each other, he will be constantly led into errors of diagnosis and treatment. Minute clinical study and practice to hospitals and private classes broadens and deepens our views of the responsibilities and resources of our art. Theories are put to the test of facts, and much of the philosophical rubbish taught us in books is cleared away before the physician assumes the responsibilities of private practice. After the college course is over, a year spent in clinical and special study in some of our great cities where there is an ample supply of material and the best instruction, will be of incalculable benefit to every one. It is all very well for those who have the means to visit European schools, but they furnish no better clinical instruction than can be had at home.

### THE CODE.

It is said the Bourbons never learned by experience and never adapted themselves to the spirit of the times. Whether in or out of power the earlier traditions of their race, with all their selfishness and unforgiving hate, still clung to them and colored all their acts. The Bourbons of the medical profession, the old Kappa Lambda Society and the men upon whom has fallen its mantle, have learned nothing during the past generation of liberality or professional decency, but seek by every means in their power to perpetuate the iron rule of a ring which has merited and is receiving public scorn and contempt. Not satisfied by the position and emphatic condemnation of its acts in abolishing a code which fettered the judgment, enslaved the mind, and was made the weapon of persecution and private spite, and adopting one more in accordance with the spirit of the times in which the educated physician is supposed to be a gentleman and possesses some rights of private

judgment, they have again and again, the last time at the meeting of the County Medical Society, Monday evening, March 26, sought to re-establish the old rule and the old code, with all its obnoxious features. They cannot see, so deeply is the old Kappa Lambda spirit and its traditions engraved into their very life, that their power has passed away beyond hope of recall. The persistent and determined effort of these Bourbons of the profession to ignore public sentiment and re-establish a code which has grown so obnoxious that we cannot see how a gentleman can be bound by it, or even tolerate it, calls for a slight analysis of motives and feelings.

Underneath all we see, not a love for science and the public good, which bind these men together and inspires them with a bravery worthy of a better cause to renew again and again their attack against individual rights, but a love for power, for personal aggrandizement, which they still deem can be secured by an appeal to ignorance and prejudice. The cry goes out now as in times past—our craft is in danger. Hence this zeal for the public good, and for the integrity of the profession.

The position of the leading men in two great medical institutions in this city upon this question would be notable and somewhat inexplicable did we not take into consideration the motives of their founders and the spirit of the institutions. The University in its inception was an attack upon the Kappa Lambda Society. That society held in its iron grasp almost every appointment in the gift of the profession. Its members were in all the hospitals and controlled the gates to every avenue of power. It sought to place its foot upon the neck of every individual who resisted its mandates, and whose skill gave promise of winning public favor and crowning our art with brighter laurels.

Hence the bitter and relentless persecution against such men as David Hossack and Valentine Mott, men the latchet of whose shoes they were not worthy to unloose. It is a matter of congratulation to the lovers of truth and progress everywhere, that the blows of a sect and an iron-bound society were directed against men who could give blow for blow, and that with interest.

The University, with a distinct object in view, the breaking down of tyrannical power, and the throwing wide open the gates of the profession to the spirit of enlightened progress, headed by such men as Mott and Draper and Patterson, was a success from its very inception. Its halls were thronged with students, and its alumni have done good work for progress and humanity. Men who have entered the faculty and who were not in accord with the spirit of its founders, have one by one dropped out and passed into more congenial channels. The Bellevue Hospital Medical College is the direct outgrowth of the old Kappa Lambda Society and was established for a two-fold purpose: to perpetuate an iron rule and keep a certain class of men constantly before the public as teachers, authors and specialists. If, in its organization, there has been any zeal for the public good, if, in its progress, it has shown any desire to act in a spirit of fairness toward the whole of the profession, it has been so slight as to escape our notice. Self-sufficient, arbitrary and dictatorial, its leaders, instead

of leading public opinion, have sought support in the bigotry and intolerance of the ignorant, because they thought it would bring grist to their mill. We find to-day, in this great question of ethics, the two institutions true to the spirit of their founders and their entire history. The leading men of the one bold and frank in their expression of opinion, and disposed to courtesy and fair dealing with the brethren in the profession. The leading men of the other, Bourbon like, clinging to past abuses and determined, at all hazards, to maintain their hold on the avenues of power, even if it were necessary to accomplish their purpose to pack the hall with a few from the highest and more from the lowest ranks of the profession, good enough to vote and willing to be told how. It would not require much skill to decide on which side of the question were the brains of the profession. Standing on the outside of all rings, the TIMES fights with a free lance for truth, justice, and the public good.

### THE REVOLUTION.

The reader of the current literature of the period can but be impressed with the fact that a great revolution is going on in that branch of medical practice in which therapeutic means are the agents concerned.

The revolution of which we write is manifested on the one hand in a tendency to the minimum dose with specific indications for administration, and on the other hand, a growing inclination for tangible rather than for transcendental means.

Many leading therapeutists, with heroic antecedents, have found that, under certain circumstances, a minute dose is preferable to the old massive one, which on some occasions has proved so shattering to the organism which it was intended to benefit, and another class of therapeutists, who had sometimes gone beyond the limit to which physical and other means would demonstrate, have become convinced that it is better to hold themselves within the *probable* rather than to resort to the possible, and hence we see the extremes coming together, with no disreputable compromise on the part of either.

We need not say that we hail with delight the prospects, and our reason for this satisfaction is that we recognize in the condition stated, an advance of the therapeutic lines of the contesting parties approaching the goal to which all aim.

We are more and more convinced of the absolute necessity for the individualization of drug-action in accordance with its *dual* power. From our experience with students and with recent graduates, we are satisfied that little or no attention is paid to this subject on the part of the great majority of teachers of materia medica, and a change is absolutely demanded before we can expect the complete understanding of drug possibilities! The merest tyro knows that to obtain the emetic qualities of *ipecac*, for instance, requires that the drug be administered in more or less ponderable doses, while such as have tried it are equally sure that in appropriate cases it will relieve nausea and

vomiting when exhibited in doses short of its physiological manifestation.

The therapeutics of the future must deal with drug power in accordance with this double action, under the variation of the dose, and other circumstances must also enter the consideration.

To be certain in the selection of a drug for either of the results desired, we must be able to classify our remedies upon grounds which have for their support more than a single indication, however characteristic and reliable that may be.

With such a plan of teaching materia medica, we should not find stupid correspondents writing to medical journals to know "a remedy for suppression of the menses in case of cold," without other detail. How an intelligent prescription could be based upon such data we utterly fail to see.

There is a reaction going on in respect to massive dosage, and therapeutists really have the courage to write about the "reckless use of quinine!" One essayist even goes so far as to ask "why we should continue to give quinine after the physiological effects are established?" and suggests that it may be because it is fashionable! This view of the case is quite in contrast with that condition which has no limit beyond which the dose of the drug should not be carried.

The study of materia medica upon the plan indicated furnishes the only solution of the problem as to how we shall apply drugs scientifically and in accordance with an art that does not change with the fashions.

The absurd talk about "practicing both ways" is not much agitated at present. How any practitioner who is, in the fullest sense, a physician, can consider such a proposition, we cannot conceive, and the study of drugs from the standpoint of their *dual* action, will effectually put an end to any such consideration.

We may, therefore, say that the revolution is well under way, and he who does not heed its warning will find himself left beached on the sands of time.

### A CURIOUS EFFECT CLAIMED FOR MONOBROMATE OF CAMPHOR.

The archives of the late Dr. George M. Beard, are responsible for the details of a case which is to say the least curious, and which should be further tested and studied in the light of extended experiment.

A young man, apparently in fair health, and not troubled in the least with indigestion, in the ordinary sense of the term, the contact of a cold and clammy hand with his own, or the sight of a person afflicted with physical deformity, was sufficient instantaneously to produce the most violent paroxysm of gastric catarrh, accompanied by such severe and exhausting throes of convulsive action, that the danger of death from suffocation was by no means an insignificant element. On several occasions the patient actually fainted from exhaustion before relief could be obtained; and, the whole gamut of ordinary tonics and sedatives having been tried in vain, a medical expert was finally consulted, with a view to allay an irritability as inconvenient to a man who wished to enter

upon a medical career, as it was peculiar and inexplicable. Among the curious features of the case was the fact that the patient could endure the actual presence of odors of the most offensive kind; and yet so strong was mental association that the mention of such an odor often resulted in a violent attack. He could bear the effluvia and sights of the dissecting-room for hours together without inconvenience; while the glimpse of an insane or idiotic face would induce an instantaneous paroxysm of such intensity and violence that medical assistance had to be summoned.

*Monobromate of camphor* was administered in three grain doses every three or four hours with excellent effect upon the gastric irritability, but was followed by most curious mental phenomena.

The patient thus states his own case:

"I took the *monobromate of camphor* as prescribed for a week or more with decided alleviation of the gastric trouble, and had begun to congratulate myself that I could endure the presence of a cuspidor without disagreeable symptoms or disturbance of my internal peace, when a novel and very peculiar train of effects supervened, and the drug began to have a tangible and decided influence. From 30 minutes to an hour after taking the dose a strange dizziness stole over me. I did not drop to sleep in the proper and natural acceptance of the word, but rather fell into a species of trance of five or ten minutes' duration, my eyes remaining open and my senses as acute as ever—perhaps a trifle more so. The next step was an unexpected and curious one.

"One afternoon, about 3 o'clock, I took the Sixth avenue elevated train, intending to alight at Twenty-third street. I entered the car at Park Place, and had been seated two or three minutes when one of my monobromate trances supervened. The buzz of conversation about me was perfectly audible, and I was conscious of all that was passing. I came to myself with a start at Bleecker street station. My first impression was that I had boarded the wrong train; I was completely 'turned round,' and could not disabuse myself of the idea that the train was going south instead of north. I studied the landmarks and the numbers of the streets one after another from the car window, and soon satisfied my mind that I was traveling in the right direction. But the false sensory impression still continued. I had not altered my position during my doze, nor had the direction in which the train was moving been shifted in such a manner as to account for the strange delusion of the senses. I got out of the car at 23d street, as I was in the habit of doing, and started to walk home—I had apartments in 28th street—but familiar as every landmark was, the false sensation was not corrected by my descent to the street. I walked up Sixth avenue under the impression that I was walking down, and turned to the east when I arrived at the corner of 28th street, under the impression that I was turning to the west. The false sensation—there is no other accurate name for it—persisted until I entered my room, when, with a sudden transition, it disappeared, and I was correct again as to the points of the compass. From the date of this experience, the phenomenon was one frequently repeated, and at first I was rather amused and studied its features with something akin to curiosity. On the Third avenue elevated railroad, and on the Third, Fourth and Sixth avenue surface cars the condition was equally sure to supervene, provided that I had taken my dose of monobromate a few minutes previous to setting out, and so common did it become in the course of four or five days that I acquired the partial habit of moving about by reference to landmarks, instead of doing so in the semi-automatic way usual with people who are familiar with the ground that they are traversing. One fact I soon

ascertained beyond a question, and that was that the phenomenon was not due to any external cause, alteration in my position, or in the direction of the car while I was dozing, but to some internal and unique physiological effect of the medicine. In every instance the points of the compass were exactly reversed. North seemed to be south, and east seemed to be west, and there was no variation from this rule, no partial reversal of the cardinal points, during the four or five weeks that I was taking the medicine.

"I had been the victim of more than twenty such experiences—trances I may style them, for want of a more accurate term—followed by a complete reversal of the points of the compass, which generally lasted for ten or fifteen minutes, and then suddenly cleared away. But as the *monobromate* was answering admirably the purpose for which it was prescribed, I still continued to take it. One afternoon as I was riding up Third avenue, I fell into a doze as the car was passing Cooper Institute and did not recover my normal condition until the conductor called Twenty-fourth street. As usual I was turned round, and I walked home in that uncomfortable but now familiar state. To my astonishment—an astonishment that deepened into terror as the hours went by—the false impression was not dispelled, as it had always been previously, on entering my room, but remained through the evening, and was still present, like a strange nightmare, when I went to sleep. I passed a few hours in troubled slumber, vexed with ghastly dreams.

"My first impulse on getting out of bed in the morning was to step to the window and ascertain whether I was still 'turned round.' The sun was just struggling into view above the cornices of the buildings, and, to my terror, it seemed to be rising in the west. The impression persisted during the whole day, although I at once discontinued the *monobromate*, and I retired to bed that night wearied, bewildered, mentally tired with the constant vigilance I had been obliged to exert in order to prevent mistakes in walking about the city in pursuit of my usual vocation. Innumerable large black flies seemed to be flitting and coursing in swarms to and fro across the field of vision; lances of pain shot from temple to temple, and, at the base of the brain, a dull benumbing sense of pressure extended upward in the direction of the coronal region. I fell into an uneasy drowse about midnight, and slumbered for several hours without obtaining any real rest or repose. For a second, a third and a fourth day the sensation persisted. To describe what I suffered would be to tax language beyond its resources, the condition was one so whimsical in its nature, and yet so maddening in its effect on brain and nerve; so torturing in its eternal conflict between the senses and the understanding. No one who has not experienced the result of a protracted strain of the faculty of attention such as I was obliged to endure, can possibly comprehend how such a condition taxes one's physical forces. At the end of the fourth day I was prostrate in mind and body, and so enfeebled that I could scarcely walk. I saw no relief from the tension but death; thanked God fervently when I began to be a little dozy, and went to sleep earnestly hoping that I might wake up with my points of the compass properly adjusted, or never wake at all. Fortunately my petition was granted; another day of such torture must have ended in insanity or brain fever. The next morning the sun rose in the east as usual, and I went about like one who had been released from a troubled dream; but it was many days before my nerves fully recovered from the shock they had sustained, and even now I shiver at the recollection of my suffering.

Dr. Beard's explanation of the case was, "that by some abnormal action of the drug, some interference, most likely with the cerebral circulation, the initiative was transferred from the left hemisphere of the brain to the right. It is a familiar fact that, under normal conditions,



all our muscular impulses originate in the left hemisphere of the brain and are transferred to the right. The left lobe of the brain leads, the right follows, and thus the activities of a mass that actually consists of two brains which are functionally independent of each other, are co-ordinated and work together in harmony. If both hemispheres acted simultaneously and independently, the result would be double thought, double life, disorder, and contradiction. Each hemisphere being, then, so far as nervous centres are concerned, both motor and sensory, a perfect brain, one must be subordinated to the other in function, or confusion would result; and it is probable in point of fact that many strange psychological phenomena actually arise from temporarily interrupted or defective co-ordination; as when, for example, a man has the momentary consciousness of double being or of living a double life—a phenomenon due, no doubt, to the momentarily independent action of the two masses. In the case of the young man, it is probable that the co-ordination of the two hemispheres was disturbed, and that the right for the time having assumed the initiative that had so long appertained to its fellow.

"The result was a complete reversal of the established associations of the sensory and intellectual life. As the effect of the sedative wore off and the normal circulation was re-established, the left hemisphere resumed its former hegemony, and the natural order of things was restored.

"It is possible, again, that the trouble was confined to the optic nerve and its lobes, and did not extend to the whole cerebral mass. A little anatomical study will readily explain how this might occur, with the exact result described by the patient. But this is certain, in any event, that the old explanation of being 'turned round' did not hold good in the case under consideration, and that a deeper and more occult cause must be assigned for it."

In the light of the law of *similia*, this proving must make an important addition to our armamentarium in the treatment of nervous affections.

### MASSACHUSETTS INSANE ASYLUM.

Our indefatigable friend, Dr. Talbot, of Boston, has been again before the Massachusetts Legislature in behalf of the proposed insane asylum, where the rule of *similia* may be one of the guiding principles. He said in part that—

The most important points now to consider are *when* and *in what manner* shall the State act in this matter.

**WHEN.** By the report of the State Board of Health, Lunacy and Charity for 1882, just issued, it appears that 'the total cost of the State hospitals and asylums, for construction and equipment, has been about \$4,750,000—certainly no less than this—and their convenient capacity can not be estimated at more than 3,000. They now contain 3,056, having passed the limit of 3,000 in the summer of 1882.'

It will thus be seen that already the hospitals are filled beyond their capacity, and, to say nothing of the injustice of compelling these patients to submit to allopathic treatment even against their will, with the yearly increase of the insane, there is immediate necessity for the State to make further provision, and, with all due haste, it will require considerable time to properly equip such a hospital as is contemplated. We therefore consider it important that immediate action be taken.

**HOW.** The friends of this measure are averse to the expenditure of large sums for the erection of buildings, but propose one central or administration building capable of accommodating 100 patients, and which could

be erected at a cost not exceeding \$100,000, and that subsequently, as needed, cottages or small and inexpensive buildings should be erected for the better classification and treatment of the insane. This, in order to carry out the full idea, requires extensive grounds for tillage, gardening, exercise, etc., so that the inmates may be, as far as possible, well and profitably occupied.

For the success of such a hospital it is of the utmost importance that a suitable site should be selected. It should contain not less than 100 acres of land, well located for drainage, air and sunlight, accessible and well provided or providable with water.

For many and obvious reasons it should be within a few miles of Boston, and in such a location as would most conveniently serve this densely populated section of the State, which furnishes so many inmates of insane asylums.

We would therefore ask your committee and the Legislature to take immediate steps for the establishment of such a hospital, either by the appointment of a commission to secure a site and erect buildings at a cost not exceeding \$200,000, or, if it be deemed more advisable, to appoint a commission to secure a suitable lot of land within ten miles of the State House, to contain not less than 100 acres, at an expense not exceeding \$100,000, and to procure plans and estimates of buildings to be submitted to the next Legislature.

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**MANUAL OF GYNÆCOLOGY.** By D. Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; late Assistant to the Professor of Midwifery, University of Edinburgh; late President of the Royal Medical Society, etc.; and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh; late President of the Royal Medical Society, Vol. II. With one lithograph and two hundred and ten wood-cuts. New York: Wm. Wood & Co., 1883. pp. 366.

This volume constitutes the February number of Wood's Library of Standard Medical Authors, and like its predecessors is most creditable in all respects. The two volumes, of which this is the second, make a hand book on the Diseases of Women of great value, at little cost to subscribers, and well worthy a place in the library of every physician.

**DIAGNOSIS OF OVARIAN CYSTS BY MEANS OF THE EXAMINATION OF THEIR CONTENTS.** By Henry Jacques Garrigues, A.M., M.D., Obstetric Surgeon to the Maternity Hospital; Physician to the Gynæcological Department of the German Dispensary; Fellow of the American Gynæcological Society; Fellow of the N. Y. Obstetrical Society, etc. New York: Wm. Wood & Co., 1882, pp. 112, 8vo.

This little volume brings the literature of this important subject down to date, and intermixes much valuable clinical data, which will be found of great value in the study of the subject of which it treats. The author's conclusions are that "the examination of the fluid from abdominal tumors affords a very valuable aid to diagnosis. By studying the physical, chemical and microscopical characters, it is almost always possible to diagnose ovarian cysts, even without knowing anything about the patient, and of course still more so when the result is combined with the other features of the case."

The consideration of the subject of the means and the modes of examination, and of the operation of "tapping," are both practical and reliable, and the work is a great acquisition to our literature of this department of medicine.

**THE DISEASES OF CHILDHOOD, WITH THERAPEUTIC INDICATIONS.** By Prof. B. F. Underwood, M.D., Brooklyn, N. Y., A. L. Chatterton Publishing Co. New York: 1883. pp. 216, 8vo.

**THERAPEUTICS OF THE EYE AND EAR.** An elementary manual by C. H. Vilas, M.A., M.D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College, and Clinical Professor of Eye and Ear Diseases in the Hahnemann Hospital, Chicago, Ill., etc, etc, with a Repertory of the Eye. W. A. Chatterton. Chicago: pp. 234, 12 mo.

These two little volumes come to hand at the same time and as they are quite similar in character, it is fair to review them together.

Prof. Underwood's work embraces a concise description of the diseases incident to childhood, together with very full therapeutic indications for the use of medicines, with suitable dietetic and hygienic rules. The book will be found most convenient to the student and to the busy practitioner.

Prof. Vilas' work is intended for beginners in the study of diseases of the eye and ear, and includes only the commoner diseases. The descriptive part of the text is concise and clear, the indications for operation and for therapeutic means distinct, and the general practitioner will find the book worthy his consideration. The publishers have done their part well also.

**THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES.** By Lawson Tait, F.R.C.S. New York: Wm. Wood & Co.

The work is devoted to the various diseases of the ovaries, including tumors and conditions which simulate them. The first edition appeared in 1873, since which time the author, in his immense experience, has had ample opportunity of noting and passing judgment on the various remedial measures suggested in these troubles. The writer has condensed in this volume the work of a life-time.

**AN INDEX OF THE PRACTICE OF MEDICINE.** By Wesley M. Carpenter, M. D. New York: Wm. Wood & Co., 1883.

This pocket volume contains in alphabetical order the various diseases met in practice with a brief statement of their origin, leading symptoms, differential diagnosis and treatment. It is interleaved, so that the practitioner can jot down his own individual experience or any suggestion which occurs to him.

In the *North American Review* for April, the scriptural and the legal aspects of Divorce are presented respectively by the Rev. Dr. Theodore D. Woolsey, well known for his insistence on the indissolubility of the marriage tie, and by Judge John A. Jameson, a jurist whose long experience with divorce cases in Chicago, both on the judicial bench and at the bar, lends to his observations a very special value. Senator John A. Logan sets forth the need which exists for "National Aid to Public Schools." Rev. Dr. Howard Crosby writes of "The Dangerous Classes." James C. Welling treats of "Race Education." "The Water Supply of Cities" is discussed by Charles F. Wingate, "Ethical Systems" by Prof. F. H. Hedge, "Street Begging" by Rev. Dr. Charles F. Deems, and "Criticisms and Christianity" by O. B. Frothingham.

**PARALYSIS AGITANS.**—Professor Brandes, of the general hospital at Copenhagen, writes to the *Gazette Medicale de Paris* that he has cured two recent cases of paralysis agitans by the continuous application of cold to the back of the neck. In older cases the method failed.

## CORRESPONDENCE.

### ALIENIST AND NEUROLOGICAL NOTES.

By HENRY R. STILES, A.M., M.D., NEW YORK.

#### PENNSYLVANIA TO THE FRONT IN LUNACY LEGISLATION.

The present wide-spread agitation in this State concerning the revision and improvement of our existing lunacy laws, bids fair to produce some good results in the care of the insane. What is wanted—and it will ultimately be secured, though probably not by the legislation of the present legislature—is a *complete revision* of our present asylum system. Forty years ago American asylums led the world; now, they are far behind those of Great Britain, especially those of Scotland. Although sustained with unexampled liberality by State funds; although managed by men of experience and marked ability, they are not doing the curative work which might reasonably have been expected of them. They have fallen into routine "ruts" of management and practice; and the public are now enquiring into "the reason why." Public clamor, though often foolish, is never without some *raison d'être*. There are probably six or eight "bills," amendatory of the Lunacy Act of 1848, now before the present legislature, all of which will not be very violently opposed by the "asylum ring," as it is called, since any one of these bills, if passed, will not seriously disturb the existing asylum system. Indeed, the hand of the "asylum ring" is manifest in the circular note of the Attorney-General requesting the advice of the Medico-Legal Society, in which he states that "our present lunacy laws are in the main, satisfactory, and no extreme revision or radical changes are deemed necessary," etc.

It is very evident to any one who will devote a little careful study to the present lunacy laws that they are not "in the main satisfactory," and that a very extensive "revision" and "radical change" is needed; and the Medico-Legal Society of this city, which, in response to this request of the Attorney-General and State Commissioner in Lunacy, has devoted several sessions during this winter to the discussion of the "amendments," prepared by a permanent committee, begin to see that they have a larger contract on hand than even their acknowledged medical and legal skill combined can properly fulfill. Their committee's first report, which, after offering a number of "amendments," closed with a recommendation of an entire and thorough revision of the lunacy laws, has, after many evenings of faithful debate, failed to secure its adoption by the society.

And, now, while the Medico-Legal and other kindred societies have been wasting their time in discussions of amendments, while every newspaper has vented its editorial advice on the subject, and the desks of members of the legislature are flooded with new "bills to amend," etc., the news comes from Pennsylvania that our noble sister commonwealth has quietly, but firmly, struck at the very root of the matter, which is being agitated within her borders as well as ours. A year ago her Governor requested John F. Hartranft, Richard C. McMontrie, Joseph A. Reed, M.D., S. Weir Mitchell, M.D., J. T. Rothrock, M.D., L. Clark Davis, and Geo. L. Harrison, to examine into the present system of care for the insane, to enquire into the legislation of other States and countries, and to report to him the results of their investigations, with their conclusions and recommendations for the further protection and amelioration of the insane. These eminent citizens—*without pay*—gave their time, their wide experience and their professional abilities, to the thorough consideration of the subject, and have presented to the Governor their report, based upon their study and comparison of all the lunacy laws of

all the States and territories of the Union ; of the legislation of each State upon special topics of the question, and of the laws of Great Britain, France and Germany, together with their conclusions. And these conclusions are further embodied in an "act relative to the supervision and control of asylums or houses in which lunatics are detained." This bill, reinforced by the Governor's recommendations, is now before the Pennsylvania legislature for their consideration and action. It is only necessary to say that it does not resemble the "amendatory" bills, invited by the Attorney-General of New York ; which will never do more, at the best, than *patch up* the present lunacy laws for a few years. It resembles, in its general features, the British Lunacy Laws which have placed the asylums of that country in the vanguard of lunacy progress ; and is a *revision* of—not a patch of—the lunacy laws of the State.

The news of this action in Pennsylvania fell like a bomb-shell upon the earnest, but misguided, workers of the Medico-Legal Society. They saw, at a glance, that Pennsylvania had taken the only right track, and would lead in the forward movement, while the Empire State would but follow. They incontinently threw aside their amendments, and their permanent committee has gone to work, in good earnest, to study up the subject of lunacy legislation in its full scope and bearings. This is what New York needs—deliberate consideration ; wise counsels, and far-reaching benevolent legislation ; instead of political and personal aims embodied in hasty, "half cooked," and therefore inconsequential "bills amendatory," such as are now before our legislature.

The proposed PENNSYLVANIA LUNACY ACT embodies the following provisions (italics are our own) :

1. In order to do full justice to the administration of an office having charge of the interests of so large a number of the wards of the State \* \* \* an office, also, which the public demands for *protection against all possible risks of mistake or wrong-doing, in the detention of a citizen for an indefinite period, in establishments of any sort for the insane where all rights of persons and property are jeopardized—that, for so grave a service, over so large a territory, a special commission should, in some sort, be provided for, to act as a central board, with authority to appoint visitors in the several counties to represent the commission, and a secretary or agent, fully and specially qualified to act for them, in carrying out the provisions which the law requires in the premises.*

Desiring, however, to preserve to the insane the additional oversight of the existing Board of Public Charities, the act provides for the enlargement of the Board of Public Charities by three additional members, one of whom shall be a physician and one a lawyer, each of at least 10 years' practice, to be appointed by the Governor for a term of five years, and to these be added two members of the Board of Public Charities, and that the five thus associated shall be a Committee on Lunacy of the Board of Public Charities, serving under this act and with the aid of a secretary, with a proper salary, appointed for this special duty.

2. That this Central Board shall have the supervision and control of every public and private asylum, hospital and almshouse, or other houses in the State, wherein one or more lunatics are cared for.

3. The Board to have power, with the consent of the Chief-Justice of the Supreme Court and of the Attorney-General, to ordain rules and regulations (so far as is not inconsistent with the laws of the Commonwealth), (1) as to *licensing all houses or places in which the insane are, or can be, confined* ; (2) the proper *treatment of persons so detained, and to guard against their improper or unnecessary detention* ; (3) regulations of the forms to be observed in the *commitment, transfer or discharge* of all lunatics other than those committed by order of a court of record, and as to these, with the consent of the presiding judge of the court under whose order the

person is detained ; (4) the *visitation* of all houses and places licensed under this act ; (5) the *withdrawal of all such licenses* and the imposition of conditions under which they shall continue ; (6) reports of information to be furnished by the keepers or managers of all such houses, etc. ; (7) regulations as to the number of persons, their accommodations, food, clothing, fuel, etc., in licensed houses ; the restraints imposed ; the means of communication between patients and relatives, friends and other outside persons, etc.

4. Boards of visitors are to be appointed to attend to each licensed place of detention for lunatics, public or private, said boards to be appointed for one year's service by the Committee on Lunacy. "*Women may be members of such board of visitors, and at least once a year these boards shall be filled up so that members who have failed to act shall be removed.*"

5. Full and ample provision is made for frequent visitation of each licensed asylum or house ; and "the Board shall make rules to insure to the patients the admission of all proper visitors, being members of their family or personal friends, agents, or attorneys, and compel obedience to such rules."

6. An admission book, a discharge book, a case book, and a medical journal, in which at least once a week a statement shall be written of all matters of special importance in each patient's case, shall be provided for every house wherein any patient is kept.

7. No person shall be received in any asylum or house, unless (1) upon a certificate, signed by at least two physicians, of not less than five years' actual practice, that they have separately seen and examined the alleged insane person ; that they are not related to him or her by blood or marriage ; nor in any way connected, as medical attendant or otherwise, with the hospital or other establishment in which it is proposed to place him ; and that they believe him to be a fit patient for confinement. (2) This certificate must be made within one week of the patient's admission, duly sworn to before a county judge or magistrate, who shall testify to the genuineness of the doctor's certificate and his good standing and repute. (3) The person, or persons, at whose instance the lunatic is detained, shall state in writing, and verify by oath or affirmation, the fact that he is responsible for the detention of said insane person, and shall furnish, also under oath, a statement of the history of the case, including the names and addresses of the patient's parents, husband or wife, children, brothers and sisters (or, in default thereof, the next of kin), and of all the medical attendants of the patient during the preceding two years. Time allowed for the furnishing of such facts, seven days.

8. Within 24 hours after admission, the medical attendant shall enter the fact and also examine and record the history of case, present condition, etc., of patient, and if, in his opinion, the case is not necessarily one for detention, he shall notify the friends of the same ; and if they do not within twenty-four hours show proof of necessity, the patient shall be discharged "and conveyed to the nearest place where a public conveyance can be obtained by him."

9. *At the time of such examination the medical attendant shall himself cause the patient distinctly to understand, if he or she is capable of doing so, that if he or she desires to see, or otherwise communicate with any person or persons, means will be provided for such interview or communication, and said attendant shall personally see that proper means are taken to communicate this fact to the person or persons indicated by the patient ; and any person or persons whom the patient may then desire to see shall be permitted to have a full and unrestrained interview with the patient.*

10. Copies of the document furnished at the time of the patient's reception, also of the examination made by the medical attendant of the house, shall be forwarded by mail, to the address of the Secretary of the Committee on Lunacy, and to the Secretary of the Board



of County Visitors, within forty-eight hours from the time of the patient's reception, and the medical attendant shall also report to the same committees, once in every three months, as to the condition of such patients; and also, whenever specially requested by the Secretary of the Committee on Lunacy.

11. During the detention of any person as insane, any medical practitioner designated by him, or by any member of his family, or "near friend," with the sanction of a judge of a Court of Record of the county in which such insane person resided at the time of his removal and detention, shall be permitted to visit and examine the patient; and such medical attendant shall, unless objected to by the patient, be permitted by request of his or her family, or "near friend," and with the consent of the physician-in-chief of the establishment, to attend to the treatment of all maladies other than insanity in the same manner as if the patient were in his own home.

12. All persons detained as insane shall, at all times, be furnished with materials for communicating, under seal, with any person or persons without the building, and such communications shall be stamped and mailed daily. Should the patient desire, all rational communications shall be written at his dictation, and duly mailed to any relative or friend named by the patient.

13. The act provides for the prompt discharge of all patients as soon as restored to reason and are competent to act for themselves; "and any person so detained shall at all times be entitled to a writ of habeas-corpus for the determination of this question; and if the discharged patient be in indigent circumstances, he shall be furnished with necessary raiment, and with funds sufficient for sustenance and travel to his home," to be charged to the county from whence he was committed. And the Committee on Lunacy shall have the power, in certain cases, to "at any time, order and compel the discharge" of a patient.

14. Persons voluntarily placing themselves as patients in an asylum, etc., are not to be detained over seven days, without a special renewal of the agreement—but no agreement shall be deemed to authorize a detention unless signed in the presence of some adult person attending as a friend of the person detained, etc.

Other provisions are made in this act, rendered necessary by the proposed change of Lunacy Laws, for the care, etc., of the criminal insane, etc.

### VIEWS OF AN OLD SCHOOL PHYSICIAN.

MESSRS. EDITORS:—I am an old school practitioner of many years experience and practice. During these long years I have been subjected to many painful surprises and disappointments occurring in practice. First a cloud of doubt and apprehension, no bigger than a man's hand, has advanced to almost complete skepticism of any remedial virtue in medicine. From polypharmacy of extensive range to single remedies, from bleeding and blisters and pukes and purges to bread pills and peppermint water, I have descended without relief, or recovering that childlike confidence in drugs with which the new recruit is filled. I have come almost to regard the practice of medicine as one of the gigantic humbugs of the age, and that the whole art of medicine is one of amusing the patient whilst nature cures the disease. My only comfort has been for years the knowledge of the natural history of many diseases; thus, knowing its progress and probable ending, one could assume, if he felt it not, all the dignity of mighty Esculapius himself; so large a proportion, too, of trivial cases occur that it only needs the tickling of the confidence of the patient to effect a cure; great percentage of one's practice is of this kind that one can reckon on getting through with fair credit if he be only an ordinary man, and a prodigious fame if possessed of an undue share of what the Scotch call *gumption*. It was to this that reasoning and experience led me to believe the success of

homœopathic physicians was due, assisted by the little pellets of moonshine to tickle the fancy of the childlike and bland, and secure the confidence of those wise in their own conceit.

I began to reflect upon my diminished resources of remedies to which my increasing skepticism was leading me—my armamentarium was getting sadly reduced. In severe pain I had only my hypodermic syringe; in ague, my quinine, which at times threw me into confusion by refusing to cure; in fevers, only peppermint water and hygienic rules and diet; in inflammations only *aconite*, which we stole from the homœopaths without credit; whilst in constipation I was "coffumexed," and always dreaded to meet my patient after prescribing for it, lest he should assault me. In chronic affections, I fairly ran away from them, and dreaded to meet with coughs and colds. In this sad plight I was attracted by the extraordinary success of my homœopathic neighbors; they had that peculiar self-satisfied complacency which either accompanies great knowledge and skill or supreme ignorance. I believed it was the latter, and felt disgust; still, some occasional cases came to my knowledge which I knew no ignoramus could treat successfully, and which were treated successfully by a not very intelligent homœopath. I questioned myself as to whether my prejudice was not blinding me to something which I ought to know. I had attempted to read some works on homœopathic practice, but never could get far without throwing the book away in disgust; notably Laurie's *Homœopathic Practice*, in which I tried to read several times in the Introduction about the preparation of homœopathic medicine, the potencies, shakes, etc., *faugh!* A long interval elapsed with increasing dissatisfaction at the condition of things medical, when I accidentally fell in with "The Laws of Therapeutics, by Joseph Kidd, M. D.," of London. It was written in a different view than any of the homœopathic works I had ever seen. It made a powerful impression on me, and I determined to try again and see what the law of *similia* meant. I bought lots of books on Homœopathic Materia Medica and Therapeutics; those of Hering, Lippe, Dunham, and Hoyne. If I was disgusted with Laurie, I was surprised and confounded on reading these works! What was I to think of the curious and many thousand symptoms of articles which I had always regarded as inert; of such as form a daily portion of our food, and are the constituents of many of the secretions of our bodies, such as common salt! It seemed, too, such a medley of repetitions that I felt if they were all put in a grab bag and "shook up" one had only to run his hand in and grab the first he met and it must fit any disease ever felt or described. How was it possible to get at any characteristics of any remedy; had they any characteristics? I sought advice among the *savans* of homœopathy; I stated my difficulties, I was only met with a grimace and a shrug that it must all be studied and compared! Studied? How? How was I to compare such a book as Hoyne's Therapeutics, in which it was asserted by various people that the hundred thousandth part of a drop or grain was so powerful that one had only to *smell* the empty bottle of the substance it once held, or even to hold in the hand, to cure serious and incurable diseases! Then there are articles, said to be proved, with a long train of symptoms, of such disgusting objects that one mentions them with bated breath or blushing shame; or, if this is not enough, to seriously put in print such horrible stuff as matter from syphilis, the infectious diseases, and from putrifying bodies—*faugh!* It is enough to turn the stomach of a carrion crow. How, I was continually asking, can people claiming ordinary intelligence read and print such abominable stuff? Is it any wonder regular physicians refuse to investigate the subject of homœopathy? Is it any wonder they regard it with loathing and disgust and contempt? I was advised to read the homœopathic journals in order to ascertain the true

homœopathic practice. I did so, and was surprised to find that there seemed *two* parties in the faith—one party who seemed to vie with all the idiots that ever filled Bedlam, in all that violated common sense and decency, and the other in a language I could understand and appreciate. One of the journals, which seemed to distinguish itself by its advance in all that was silly and disgusting and idiotic, violently denounced THE NEW YORK MEDICAL TIMES, which led me to write for a specimen copy of this journal. It was sent to me, and to my surprise I found I was in the company of Joseph Kidd again. I was delighted to find I could read many of the articles with comfort and profit, but was stunned by articles from escaped lunatics here and there. I was advised that there was a book on Therapeutics by a Dr. Hughes! I purchased it, and was again comforted. I compared it to Dunham, and was confused to find that the latter says, "It is *not* the characteristic symptoms that must be looked for to find a remedy, but only constitutional symptoms, as illustrated by Hahnemann's case, in which he cured 'fig warts' by *chamomilla*, to the utter surprise of his pupil; it was not the 'fig warts' to which he compared his remedy, but to some trivial symptoms of his patients. One eminent authority denounced Hughes as 'a pathological ass!' and insisted that it was only strict comparison of the symptoms of the patients with those of a remedy that was necessary, and this would, he asserted, in every case make anybody a first-class homœopathic physician who would take the pains to do so. Pathology, physiology, anatomy even, were as dust to this comparison of symptoms. I should add, this fellow is a high-potency chap, and I begin to see that high-potency advocates are the idiots who are disgracing not only homœopathy but common sense.

My readings of Kidd and Hughes lead to the conviction of the law or rule of *similia similibus* in practice; but I cannot feel convinced that its theory is the only true law of cure; medicine can never be an exact science like astronomy or chemistry. All men must once die; and could such a positive law of cure be discovered, this could not happen. I am with Kidd that there are two laws, but a large percentage of practice is best met with *similia similibus*. It surely ought to be the duty of the physician to use any and every means to cure his patient, whether that calls for allopathy, antipathy, or homœopathy. I believe with Hughes, it is not an absolute law, but a very good rule of practice. In order to get at anything useful, one must know how to apply the rule; to apply the rule one must be acquainted with the materia medica, and not only this but, to my thinking, the characteristic peculiarities of each and every remedy. Surely they are not all alike, as seems to one in my condition when he attempts to read the so-called materia medica. I am writing and appealing to you, to the sensible Dr. Dake, to the intelligent proposers of the Milwaukee Test, to the contributors to your excellent journal, of that intelligent body of homœopaths who are apart from the high potency nincompoops, to give us a materia medica free from the unmitigated rubbish and trash of Allen's Encyclopedia or Hering & Co., such as sensible men and those living by common sense can read and understand and apply with relief and profit. Could this be done the barrier between Homœopaths and "Allopaths" would melt away, and men would take pride in being known as physicians only, and feel it a disgrace to be called or known as a "path" of any kind. There are numbers of my acquaintances among old school physicians who are as dissatisfied as myself at the failure of old remedies in disease, and who would gladly read and investigate homœopathy if it was advocated in the style of Dake, Hughes and others. We read Ringer without surprise, but with profit and pleasure; yet he is only following, like one afar off, your Hughes and Dakes. Give us then a real materia medica, one that will not

violate our common sense, and you will see us absorbed into one body aiming to cure the sick, to relieve the distressed, and to comfort the incurable.

AN OLD SCHOOL PHYSICIAN.

### OUR LONDON LETTER.

MESSRS. EDITORS:—On reading my letter in your February number, I was strongly reminded of the exclamation of the Duke in "*Der Freischütz*"—(Hans Breitmann's version):—

"Id's fery glear

Dat dere has been some tyfels here."

Part of it has gone bodily into the letter of another correspondent, and there was a very big blunder in what was left behind! Lord Macaulay was not born in Great Ormond street, as all the world knows, but at Rothley Temple, Leicestershire. He had a house in Great Ormond street, and lived there during several years of his active life.

Have you any laws in the States prohibiting the sale of poisonous wall papers? or are your manufacturers more considerate of the public than ours? Unhappily, the British public has no legal protection in the matter, and the manufacturers have no consciences. The French are ahead of us as regards the law, but not in the other point. They are prohibited from selling arsenical wall papers in France, but not from manufacturing and exporting them to this country, where we are consequently largely poisoned by arsenical French greys, very quiet and innocent-looking, but very deadly! I am always coming across instances of injury from this cause. The other day I was called to see a young lady seized with perityphilitis. She was removed from the room which she had been occupying to one more convenient for nursing purposes. Before this the first acuteness of the pain had abated, but she made very little progress, and I could not satisfy myself that the medicines I was giving were having the least effect. After some days of this, I began to look for an explanation, and took a bit of the wall paper to test. It had been a dull green once, but had been up a long time, and now it was not easy to say what color it was. I found it heavily charged with arsenic. She was at once removed from the room, and, in a few hours the pain began to diminish, and before the day was out, had gone. There was no return, and she made from that time a steady though slow recovery.

There is an interesting sequel to this. The young lady's father, when she had gone with the rest of the family to the sea-side, was putting his house in order and having the poisonous papers—there were many in his house—removed. I had tested some for him, but about one paper he had accepted the guarantee of the house decorator who supplied him, that it contained no arsenic, and was having it put up. Whilst this was being done he noticed that the man who was doing it looked very ill. He mentioned this to the man, saying that he feared the paper might contain arsenic. "Fear it, sir?" returned the other, "I don't fear it, I know it does. I can always tell when a paper contains arsenic, it makes me feel so bad; and if I have been putting up many in a week I don't know what to do with myself at the week's end; I feel just as if I could cry." It is needless to say that paper came down again.

The *Lancet*, which a day or two ago informed the world that it was not sleeplessness that the Premier was suffering from so much as *wakefulness*—a subtle distinction not very obvious to ordinary minds, whether medical or lay—now comes forward to suggest a prescription of a magnificence, I venture to say, unparalleled in the annals of medicine. As a remedy for sleeplessness, or, rather, wakefulness, Dr. Andrew Clark, of the *Lancet* assures us, "may yet have to recommend" Mr. Gladstone to take—not a pill, not a potion, not a bolus, but—a *Peerage*! Surely this prescription could have satisfied Naaman the Syrian himself, who preferred being

ordered "to do some great thing" to following the simple measures prescribed by the prophet. I will not speculate as to how far our Premier is likely to be of the same mind as the captain of the host of the King of Syria, but a few questions will force themselves on one's mind. Is this prescription the latest outcome of scientific medicine? Is the remedy likely to become popular? and will it find a place in the next edition of the Pharmacopoeia Britannica? Has the House of Lords reconsidered its functions, and decided that its proper place is among the hypnotics of the *Materia Medica*? and finally, is any limit to be placed to the powers and pretensions of the physician of the future?

The latest move in the medical world is in the right direction, if it only proves to be practicable. The Metropolitan Counties Branch of the British Medical Association have decided to undertake what is termed the "Collective Investigation of Disease." Questions are to be formulated by the committee on given topics and forwarded to the members for them to fill in, furnishing the outcome of their experience. It is consoling to think that medical men are at last beginning to think that they may learn more about disease from studying it on diseased human beings, than by studying more or less specious imitations of it on mutilated animals lower in the scale than man. I question, though, if much good will come out of this movement; and I do not envy the committee their work of reducing the replies to useful shape. Safe observers are very rare; and the answers will most likely embrace the general notions of their authors rather than the mature conviction which is the fruit of clear reasoning on well-observed facts.

Yours fraternally,

JOHN H. CLARKE, M. D.

15 ST. GEORGE'S TERRACE,  
GLOUCESTER ROAD, S. W., March 1, 1883.

## SOCIETY REPORTS.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Treasurer, Dr. E. S. Coburn, reported as follows:

Cash received from permanent members and county societies .....	\$718.30
Cash from sale of books.....	201.50
Total.....	\$919.80
Cash paid as per vouchers.....	\$919.80
Liabilities.....	\$21.15
Assets.....	840.00
Paid of previous indebtedness.....	\$142.00

The following resolution was presented by Dr. Bacon, and carried:

*Resolved*, That the Treasurer be and hereby is instructed to prepare a list of all members and county societies in arrears to the Society, for presentation at the next semi-annual meeting, and that he notify all such members and societies of their said indebtedness, and of the purpose of this resolution.

Dr. M. O. Terry reported that the Committee on the President's address recommended that the suggestions contained therein be accepted, and recommended the adoption of the following resolutions:

*Resolved*, That the New York State Homœopathic Medical Society, in annual meeting assembled, does heartily endorse the accompanying petition, and pray that the Honorable Senate and House of Representatives of the United States pass the joint resolution now before their honorable bodies, viz: Senate Resolution (1st session), No. 96, and House Resolution, No. 239, of July 14 and 17, 1882, respectively.

*Resolved*, That copies of the foregoing resolutions be forwarded to the chairman of the Senate and House Committees having the matter in charge, and published in THE NEW YORK MEDICAL TIMES and Hahnemannian Monthly.

M. O. TERRY, }  
H. L. WALDO, } Committee on President's Address.  
R. A. ADAMS. }

(Here follows the petition circulated by the committee of the American Institute of Homœopathy).

The report of the Committee was received and adopted.

Dr. J. L. Moffat, from the committee on By-Laws, reported the following amendments:

*Resolved*, That the 6th, 9th, 10th and 12th sections of the by-laws be amended so as to read as follows—

SECTION 6. Duties of Censors. It shall be the duty of Censors to examine carefully the credentials of all applicants for membership that may be referred to them, and determine whether the applicant has proper qualifications for permanent membership in the society, the votes of a majority of the members of the Board of Censors present at any annual or semi-annual meeting being a prerequisite to the election of a candidate.

SEC. 9, Clause 4. Permanent Membership. Nominations may be received at an annual or semi-annual meeting, and being referred to the Censors, shall come up at the following annual meeting. (By Dr. Bacon).

SEC. 9, Clause 6. Add. Honorary members, before election, reasons shall be stated to the society for conferring the honor.

SEC. 9, Clause 8. Regents Degree, after "as follows" substitute, "Names shall be presented in open nomination, and be referred to a committee appointed for the purpose, which shall report after the elections of officers;" then "the number to be voted for" as it stands.

SEC. 10. Fees. After "permanent members," substitute "and from each county society shall be due \$3 for each delegate to which the society is entitled," and also, "Any member in arrears shall not be entitled to the privileges of membership;" also, "Any member five years in arrears shall be dropped from the roll and not be eligible for re-election until all arrearages be paid."

SEC. 12. Nominations. At each annual meeting the nomination of officers of the society, chairman of bureaus, delegates to other societies, and honorary members shall be made openly, except when referred to a committee on nominations to be appointed for that purpose. "With each nomination for honorary membership the reasons for conferring the honor shall be stated to the society."

The committee also recommended the adoption of the following resolution:

*Resolved*, That the Constitution and By-Laws be published bi-annually, and the list of actual members be published annually with the transactions.

J. L. MOFFAT, }  
H. M. PAINE, } Committee.  
E. S. COBURN. }

The report of the committee was received, and the amendments as above reported were adopted.

Dr. Terry offered the following resolution:

WHEREAS, Inasmuch as chemistry furnishes no proof of the material presence of any drug beyond the third attenuation; the spectroscope none beyond the fifth; the microscope none beyond the seventh; and the theory of molecular magnitudes none beyond the eleventh; and it being also evident that the preponderance of clinical experience forces the conviction that homœopathic action probably terminates at the last point designated, therefore,

*Resolved*, That as a Society we cannot reasonably endorse the homœopathicity of any higher attenuation than the twelfth.

Dr. E. D. Jones moved, and it was carried, that the resolution be tabled.

Dr. J. W. Dowling asked consent of the Society, and presented the following "Preamble and Resolutions relative to the State Homœopathic Asylum for the Insane at Middletown, N. Y.":

WHEREAS, A spirit of distrust has been excited, and in some quarters fostered in the public mind, and

WHEREAS, As a result of this distrust the question of revising and changing all of our lunacy laws is being agitated, and

WHEREAS, Radical and, to us, unprofitable changes in the laws are being proposed—changes which may tend not to a better care of the insane, but to unwise and uncertain experiments—and

WHEREAS, The State Homœopathic Asylum at Middletown has been but recently founded and conducted upon benign and reform principles, therefore,

*Resolved*, That we, the members of the State Homœopathic Medical Society, in contra-distinction to the distrust expressed against some of our public institutions, hereby declare our confidence in the State Homœopathic Asylum at Middletown, and in the wisdom, zeal and fidelity of its Trustees and Medical Superintendent.

*Resolved*, That while we are in favor of such revision of the lunacy laws of this State as may tend to conserve the just rights of both the sane and insane, we yet stand opposed to any changes in the present law which shall tend to infringe upon or abridge the present rights of those who may desire homœopathic treatment at the Middletown Asylum, or which shall in any way tend to curtail the privileges now accorded to all classes of our citizens for such treatment, whether they are rich or poor.

*Resolved*, That the present methods employed for the care, relief and restoration of the insane at the State Homœopathic Asylum at Middletown are methods which we heartily endorse and approve, and for the present we deprecate any and all attempts to change those methods by bringing that asylum under such general control



or limitations as might tend to lower the standard now adopted in that institution for the care and control of its inmates.

*Resolved.* That a copy of these resolutions be spread upon the minutes of this meeting and published in the next volume of the Transactions, and, also, that the foregoing resolutions be published in THE NEW YORK MEDICAL TIMES.

The resolutions were adopted.

Dr. J. L. Moffat presented the following resolutions, which were adopted:

*Resolved.* By the New York State Homœopathic Medical Society, in annual session assembled, that in our opinion, Senate Bill No. 64 so far from being an improvement on the existing lunacy laws, will, if passed, prove detrimental to many patients whose condition would be aggravated by the mental change to which they would be subjected at a time when they most need quiet and care. That such proceedings as are authorized by this bill would prove much more expensive than is at present necessary for commitment. That the general scope of the bill, instead of regarding the insane person as a patient, threatened or attacked by serious illness, treats him or her as a criminal, to be proven innocent. On suspicion, based upon the affidavit of any one incarcerating or placing them in charge of the sheriff upon mere suspicion, thereby affording opportunities for malicious annoyance and persecution. That the bill does not require any definite qualifications of the physicians called in to pronounce on the presence of insanity. That such cases should be tried before a jury of physicians, and not before one drawn from the class of men usually at the call of the sheriff. That whereas a certain amount of publicity in the commitment of the insane is advisable for the prevention of unjust incarceration, it is our opinion that the proposed measure goes too far, and insures the publication in the police items of private matters that it is as unnecessary as it is disagreeable to have printed among the daily papers, therefore.

*Resolved.* That we most urgently petition the Judiciary Committee to report adversely to the bill in question.

Dr. T. L. Brown presented the following resolution which was adopted by the following vote, the ayes and noes being called for: ayes 14, and noes 2:

*Resolved.* That the use of the extremes of potency be not considered in any way distinguishing the practitioner as homœopathic or non-homœopathic.

### TRANSLATIONS, GLEANINGS, ETC.

"LIMITATIONS OF HOMŒOPATHY.—The *American Homœopath* for October, commenting on Dr. Hughes' recent assertion that "there are many diseases which lie beyond the possible range of homœopathic treatment," says that undoubtedly such diseases exist, but that they "are also beyond the range of any treatment by medicines. \* \* \* Our law is applicable to all diseases that owe their origin to dynamic influences." The editor also protests against the use of non-homœopathic treatment in the cases cited by Dr. H. as exceptional. "We have had occasion," he says, "within the year to treat a case of peritonitis from perforation, and found *aconite* and *calendula* sufficient with a few other remedies to cure the case without any recourse to *opium* or any other narcotic. We have no doubt also that for all the other exceptional cases the effectual remedy, if homœopathically selected, can be found in our *Materia Medica*."

EXTIRPATION OF THE LARYNX.—Czerny proved the possibility of extirpation of the larynx, on animals, and then Billroth executed the operation on living persons. Since that time extirpation of the larynx has been practised about forty times, with eighteen successful results. The main points in the operation are, 1, preliminary tracheotomy; 2, placing of the tampon; 3, insertion of the œsophageal canula; 4, antiseptic treatment. After the wound has been healed, it is necessary to introduce an artificial larynx, Gussenbauer's newly invented instrument being the most perfect. The latter is composed of a tracheal canula, a laryngeal canula containing the vocal apparatus, and a valve forcing the air through the laryngeal canula in expiration.—*Archives Gén. de Médecine*.

BENZOLE INHALATIONS IN WHOOPING COUGH.—A writer in the London *Lancet* states that he caused his patients to inhale the vapor of *benzole*, diffused through the air of the room by means of a spray apparatus, with the most gratifying results.

CIRRHOSIS OF THE LIVER.—In a recent lecture on cirrhosis, Lancereaux recognizes several forms: The syphilitic, the malarial, the alcoholic. In that form of the disease due to syphilis, the liver is deeply lobulated, furrowed, and adherent by fibrous bands to the neighboring organs. The connective-tissue formation which divides the different parts of the parenchyma grows thicker towards the periphery, and the cellular hyperplasia is especially abundant about the lymphatic and arterial systems. Ascites rarely occurs, and when present is readily cured. There is neither dilatation of the veins nor icterus, unless indeed the new formations compress the biliary ducts.

The malarial liver has a considerable size, its consistence is firm and its surface presents a granular appearance, but less so than the alcoholic liver. The color recalls the appearance of granite or porphyry. The hyperplasia of the connective-tissue, both inter- and intra-lobular, preserves the embryonic character, and the gland-cells contain numerous pigment granules. The principal clinical characteristics of these cases are increase in the volume of the liver and of the spleen, long standing icterus, and slow development without pronounced symptoms.

Alcoholic cirrhosis presents itself under two forms. 1st. The liver increased in size, the surface glazed or tanned, and presenting a hyperplasia of the connective-tissue, both inter- and intra-lobular, with granular and fatty degeneration of the gland-cells. 2d. Contracted, hard, fibrous, and marked by granulations of considerable size, generally distributed throughout the organ.

The diagnosis in the alcoholic form rests on the considerable emaciation of the patient, the dryness of the skin, the enlargement of the abdomen, due to the accumulation of fluid, and the increasing dilatation of the veins of the abdominal wall. Death is usually due to mechanical interference with respiration. In the syphilitic form the liver, by reason of its volume, resembles the condition due to malarial poisoning, and ascites is equally wanting. Although jaundice sometimes is protracted in the malarial liver, it is a concluding symptom in cirrhosis of alcoholic causation.—*Med. News*, Nov. 25, 1882.

ANIMAL DENTISTRY.—There is a man in the north of England who follows the profession of an animal dentist. He goes about and examines the cattle, and gives them relief at once by removing portions of the temporary teeth remaining in the gum and preventing the animal from masticating its food.

BEETZ ON THE TREATMENT OF SUBCUTANEOUS SUPPURATION AND OF GLANDULAR INFLAMMATIONS.—For the last nine years Beetz's treatment has been as follows (*Aerth. Intelligenz Blatt*, No. 27, 1882, July 4.): for chronic glandular indurations or abscesses in places in which it is difficult to apply dressings, he uses *inunction* in the evening with green soap, which is washed away the next morning, and repeated three or four days with a subsequent interval of a day or more, according to the sensitiveness of the skin.

For acute glandular inflammations, whitlows, and abscesses in easily accessible positions, linen rags are steeped in spirit of soap, applied to the part, and covered with gutta-percha paper. These dressings must be accurately applied, if they are to fulfill their object. For example. In inflammation of the inguinal glands, a good result can be expected only if the surgeon himself fixes the dressing with a spica bandage and safety-pins, not leaving it to the skill of the patient himself. There will be, not a tedious suppuration, but a very small abscess, with little or no trouble in walking, as there will be no infiltration. If we have to deal with a very delicate skin, or wish to avoid the very unpleasant odor of the spirit of soap, the use of fluid *glycerine soap* is indicated, or *sapo kalinus albus* may be used, or even the "*crème d'amandes amères*."

**EFFECT OF AN OVERDOSE OF PODOPHYLLIN.**—Mrs. H., act. 45, strong and healthy, had been constipated for a week, and was feeling badly in consequence. April 9 she took about 10 grains of *podophyllin* in a little water, at 5 P. M.

At 7 P. M. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 P. M., feeling very badly, went to bed. The pain had ceased; there was great exhaustion with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as though the head was being split open. This pain lasted about two minutes and was followed by a dull throbbing headache and feeling of heaviness, so that the head could not be raised from the pillow. At 8:30 o'clock vomiting began—first the contents of the stomach, then thin, bitter, dark-green fluid—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8:30 o'clock and 4 o'clock next morning. With each spell of vomiting the bowels moved, first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

Prof. D. W. Prentiss was called to the case at one o'clock in the night, eight hours after the *podophyllin* had been taken; when he found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

There was a remarkable absence of pain in the stomach and bowels, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.—*Phila. Med Times.*

A CORRESPONDENT of the *Monthly Hom. Review* speaks as follows concerning Dr. Hughes' statement that "*nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homeopathically-acting remedy." "Surely this is a broad assertion. I have, in one patient, repeatedly relieved these paroxysms with a potency, the attacks steadily decreasing in frequency and severity, indeed there has not been a recurrence since a slight return about November last. Was not the medicine homœopathic to the disease?"

**AN INCUBATOR FOR INFANTS.**—M. Tarnier, the surgeon of the Maternity Hospital in Paris, struck by the great mortality among infants prematurely born, and those which are very sickly after birth, has conceived the ingenious idea of constructing a box which is almost exactly similar to the incubators used for poultry. This box is divided into two compartments; the lower one being used as a reservoir for hot water, while the infant is placed in the upper one, which is well stuffed at the sides and fitted with a sliding glass cover. The temperature is maintained at 86° Fah., and M. Tarnier has found that by keeping infants in the incubator for a period varying from two days to six weeks, their vitality is enormously increased. He has made experiments upon five six-months' children, six seven-months, and thirteen eight-months' children, and he has lost only two of them. Whereas, according to his statement, three-fourths of them would have died but for this adventurous aid to vitality.—*Lancet.*

THE *Scientific American* says methylic alcohol or crude wood naphtha, is much cheaper and quite as useful as alcohol in lamps, for laboratory purposes.

**PROGNOSIS IN DIABETES.**—Dr. R. Schmitz, of Neunahr, discusses six hundred cases of diabetes treated by him for the most part dietetically. He says the question of prognosis is determined by (1) the earliness of the discovery and treatment of the complaint; (2) the strictness with which the anti-diabetic regimen is observed; (3) the etiological factors; (4) the age of the patient; (5) the degree of immunity the patient enjoys when he chances to use sugar-breeding food. In early cases the prognosis is favorable. Diabetes depending on central nervous lesions or on grave chronic affections is serious; depending on worry, pain and grief, or on over-use of sugary food, it is less so. Gouty diabetes has the best prognosis of all. After the age of thirty the prognosis grows steadily worse. It is bad if sugar persists on an exclusive diet of fish and flesh. It is decidedly favorable if eggs, salads, and mild cheese can be taken without breeding sugar, which only reappears when fruits, starchy roots, starch or cane sugar are taken.—*Wien. Med. Wochenschrift.*

**THE MEDICINAL VALUE OF VEGETABLES.**—A celebrated cook book discusses the medicinal value of vegetables as follows:

Asparagus is a strong diuretic, and forms part of the cure for rheumatic patients at such health resorts as Aix-Les-Chappelles. Sorrel is cooling, and forms the staple of that *soupe aux herbes* which a French lady will order for herself after a long and tiring journey. Carrots containing a quantity of sugar, are avoided by some people, while others complain of them as indigestible. With regard to the latter accusation, it may be remarked in passing, that it is the yellow core of the carrot that is difficult of digestion—the outer and red layer is tender enough. In Savoy, the peasants have recourse to an infusion of carrots as a specific for jaundice. The large sweet onion is very rich in those alkaline elements which counteract the poison of rheumatic gout. If slowly stewed in weak broth, and eaten with a little Nepal pepper, it will be found to be an admirable article of diet for patients of studious and sedentary habits. The stalks of cauliflowers have the same sort of value, only too often the stalk of a cauliflower is so ill-boiled and unpalatable that few persons would thank you for proposing to make part of their meal consist of so uninviting an article. Turnips, in the same way, are often thought to be indigestible, and better suited for cows and sheep than for delicate people, but here the fault lies with the cook quite as much as with the root. The cook boils the turnip badly, and then pours some butter over it, and the eater of such a dish is sure to be the worse for it. Try a better way. What shall be said about our lettuce? The plant has a slight narcotic action, of which a French old woman, like a French doctor, well knows the value, and when properly cooked it is really very easy of digestion.—*Medical Record.*

*L'Union Méd.* reports the case of a man 34 years of age, who, after taking 60 grammes of *pomegranate root*, followed in two hours by a dose of castor oil, passed 720 grammes of tænia. The fragments placed end to end measured 70 metres. The dose of oil is recommended to be given not longer than about two hours after the *pomegranate root*, as the tenifuges do not kill the worm, only stupify it, and they hold loosely to the mucous membrane.

**DELIRIUM TREMENS.**—Some one has said that delirium tremens is a disease which so far as its symptomatology is concerned stands upon a tripod, to wit, sleeplessness, delirium, tremor. I would ask you to make it a four-legged stool, and add the fact, one of the most important of all in differential diagnosis, that there is no fever. Sleeplessness, delirium, tremor, anorexia, by these signs yet shall know it.—PROF. J. T. WHITTAKER, *Cin. Lancet and Clinic.*

**ACTION OF SALICYLIC ACID UPON THE SKIN.**—When applied to the skin *salicylic acid* is an agent causing the elevation, without the formation of a blister, of normally or pathologically thickened epidermis, in the form of a consistent whitish-colored membrane. The line of separation is always within the epidermal layers of the skin, and the stronger the solution of the acid, the deeper down nearer the papillary layer its dissociation takes place, for all forms of callus, with or without hypertrophy of the papillae, for psoriasis palmaris and plantaris, non-specific as well as specific, and for every variety of epithelial accumulation or hypertrophy, *salicylic acid*, by reason of it being colorless, odorless, and un-irritating, as well as painless in its application, is the best keratolytic (causing separation of epidermis) agent. In order to be efficacious in this direction it should be applied not in the form of a watery, ethereal, or alcoholic solution merely painted on, but in solution of collodion, 10 per cent. or, better still, as a *salicylic* plaster covered with gutta percha, and left in position from four days to a week.—*Monatsshefte für Prakt. Derm.*

**LARGE DOSES OF ALCOHOL IN SCARLATINA.**—At the last meeting of the Academy of Medicine of Cincinnati, O., Dr. Giles Mitchell reported 43 consecutive cases of scarlatina treated with large doses of alcohol, without a single death. The quantity of alcohol given in some cases was enormous. To a patient two years old, a half ounce of whiskey was given every hour for a number of days without having any other than a favorable effect, and without producing any symptoms of alcoholic intoxication. The doctor claimed that when this treatment was instituted, the disease had always pursued a more favorable course, hyperpyrexia was neither so frequent nor so prolonged, nor were renal complications so likely to occur. In case the kidneys became affected, the alcohol was still pushed, and the complication fully relieved. If the temperature was high before the administration of the remedy, it would rapidly fall below the danger line after the treatment was instituted.

**THE REDUCTION OF OLD HERNIA.**—Ordinarily, an old and large hernia is left pretty much to itself. M. Thiry, in the *Bull. de l'Académie Royale de Belgique*, has lately shown us what may be justly called a new method of dealing with such tumors, by frequently repeated attempts at the taxis with compression during the intervals.

The patient was a man of forty-two, whose hernia measured sixty-seven centimeters in circumference. The intestines were all in the scrotum, and produced considerable dysuria. M. Thiry repeated the taxis twenty-four times, at unequal intervals extending over three months. At each sitting more or less of the hernia was reduced, and, once reduced, was retained in place by an elastic bandage. After complete reduction, a truss with a very convex pad penetrating into the ring was applied. At the end of some months, the reduction was still effectual, the abdomen had resumed its usual rotundity, and urination was readily accomplished. Life had again become desirable.

Of course, in very many cases, the adhesions are such as to forbid the hope of success, but no such hernia should be abandoned without at least patient and repeated trials.—*Medical News.*

**BORAX IN THE TREATMENT OF IMPACTION OF CERUMEN.**—Dr. Geo. F. Sowers, in the *Med. and Surg. Reporter*, gives the following formula for dissolving impacted cerumen, so that it can be removed by washing out with the syringe:

R—Sodii boratis pulv. . . . . ʒ i.  
Glycerine }  
Aqua } a. a. . . . . ʒ ii.

M.—Sig.—Warm, and drop into the ear. After it has liquefied the cerumen, use syringe and tepid water.

**DR. S. M. BURNETT** (*Popular Science Monthly* for May) believes that a large number, perhaps a majority, of the cases of congenital color-blindness have not their seat in the retina at all, but are cerebral in their character. In such cases (which, for the sake of distinction, he calls *central*) he considers that the brain centre of vision has not been developed to its full or at least to its ordinary power for discriminating between the impressions corresponding to the different colors. The retina may be capable of properly responding to these various impressions, and the optic nerve may carry them as separate impressions to the brain centre; but this has not the power of converting them into individual sensations.

**METHOD OF EMPLOYING PERMANGANATE OF POTASH AS ANTIDOTE TO THE VENOM OF SERPENTS.**—The *Journal d'Hygiène* gives the following directions by M. De Lacerda, the discoverer of the remedy:

The *permanganate of potass.* ought not to be introduced by the digestive passages, but applied *in situ*, that is to say, injected into the cellular tissue or into the veins, according to whether the bite is superficial or deep.

The successive march of the symptoms indicates perfectly if the venom of the serpent has limited its action to the cellular tissue, or if it has entered the veins. In the first case local symptoms predominate, with slight appearance of morbid symptoms; in the second, the general phenomena appear with as great rapidity as intensity and gravity.

For hypodermic injections, after a ligature is applied to the member above the wound, introduce the needle, as near as possible in the track of the bite, and push gradually the piston of the syringe, filled with a solution of *permanganate of potass.* one to 100. Operate in preference on the most superficial veins. According to the gravity of the case, two to three syringefuls of the liquid may be injected.

At the same time that the injections are being applied, it is well to administer to the patient exciting drinks, in order to combat symptoms of prostration.

**OZONE AS A SLEEP-PRODUCING AGENT.**—Prof. C. Binz, in a series of articles contributed to the *Berl. Klin. Wochenscher*, announces the discovery of nerve-depressing and sleep-producing properties in ozone. Experiments were made upon six gentlemen. Three of them were put to sleep by it; the others were slightly stupefied or otherwise depressed. The time required for bringing on sleep varied between six and sixteen minutes. The sensations during this time were very agreeable. After removal of the gas the sleeper would awake within half a minute, generally sooner. After awakening, there was some feeling of fatigue, but this soon passed away. Binz states that in small amounts no effect is gotten; in too large ones irritation is produced. He compares its action in this respect to that of alcohol.

**AGARICUS IN THE NIGHT SWEATS OF PHTHISIS.**—Mr. J. M. Young (*Glasgow Med. Jour.*) states some of the results of his observations as follows:

1. Night sweating becomes proportionately lessened according to the amount of the drug administered; and, if sufficient doses be given, becomes effectually checked or prevented, according to the time of administration.

This was observed to be the rule in all moderate cases of phthisical night sweating where it was tried. In other cases of sweating not dependent on phthisis the drug was found to work well.

2. The effect of the drug against sweating is not more marked than its effect in promoting sound sleep and relieving troublesome cough, especially of phthisis. This is the most notable fact to the patients themselves, a gradually increasing feeling of drowsiness following its administration in most cases.



In studying the Geographical and Climatic Relations of Pneumonia, Dr. E. Sanders (*Amer. Jour. of Med. Sci.*) has summarized the following conclusions. His studies were based upon statistics obtained from many towns and cities in the United States and Europe:

1st. The relations of pneumonia to altitude are definite and marked; with increase in elevation above the level of the sea, there is a steady diminution in the death rate of pneumonia. To this rule some exceptions exist, but in the large majority of instances the relation holds good.

2d. The mean annual rainfall of a place bears no positive relation to pneumonia; in some instances a large mortality from the disease coincides with a large precipitation of rain, in others with a small precipitation, while in many others the contrary conditions are found to prevail.

3d. The higher the death rate of a place from all causes, the greater the mortality from pneumonia. This rule is almost, if not actually, absolute.

4th. The larger the actual population of a locality, the greater its relative death rate from pneumonia; the explanations for this being probably found in the following: Density of population bears an undoubted relation to the pneumonia rate, increase in the former being followed by, or going hand in hand with, increase in the latter.

5th. There is a direct, positive, and unequivocal relation between the mean annual temperature of a place and its death rate from pneumonia; the rule being that a high mortality from the disease coincides with a high mean temperature. Exceptions exist, but being unusual and rather rare, their existence can hardly be considered to invalidate this rule.

6th. Proximity to large bodies of water, such as lakes, inland seas, or the ocean, exerts no appreciable influence on the pneumonia rate.

7th. For North America pneumonia increases in frequency as we pass from East to West; for Europe as we advance from West to East, the rate of increase being nearly twice as great in the case of the latter as in that of the former.

8th. Pneumonia, all other things being equal, increases in frequency the further we advance from the polar regions towards the tropics; this, however, only up to a certain parallel, beyond which it seems to become less and less commonly met with, until at or near the equator, when it apparently disappears. As far as the latter part of this statement is concerned, such would seem to be the truth, judging by what few facts are at hand. Statistics for the equatorial regions are rare and, even then, unreliable; hence, I purposely omitted to present them. So few, vague, and indefinite are they as to be almost valueless, allowing only of problematic deductions.

**ALVEOLAR PERIOSTITIS AS A SIGN OF DIABETES MELLITUS.**—A report was recently read to the Academy of Medicine of Paris, in which Dr. Magilot's conclusions are as follows: "The examination of the mouth furnishes a constant sign of diabetes mellitus. 2. This sign consists in a lesion of the margin of the alveolar processes, designated under the name of alveolar osteoperiostitis. 3. This manifestation of diabetes, in some cases, amounts to a certainty in the diagnosis. 4. It possesses stages corresponding with the stages of the diabetes. 5. In the later stage, the alveolar margins become softer and undergo osseous degeneration, accompanied by destructive disease of the gums surrounding them.—*The Clinique*, May 15.

**THE BACILLI OF TUBERCLE ONLY FAT CRYSTALS.**—Dr. H. J. Smith, President of the New Orleans Pathological Society, claims to have ascertained beyond doubt that Dr. Koch's germs were pseudo-bacilli; that is, fatty crystals, and not true bacilli.

**A GYPSUM TEST FOR MILK.**—Mr. Bertham Ohm gives in the *Monthly Magazine*, the following ready means of testing the purity and richness of milk.

Calcined gypsum or plaster of Paris is used. An ounce is enough for a single test. The value of the test depends upon the fact that cream retards the hardening of the plaster of Paris. The more cream in the milk, the longer time will be required for the plaster to harden.

If the sample of milk be an honest one, of 1030 specific gravity, at an ordinary temperature, and is used to wet up the plaster to a paste, ten hours will be required for hardening.

If this sample has 25 per cent. of water added, the plaster will harden in two hours; with 50 per cent. of water added, the hardening will be complete in thirty minutes; with 75 per cent. of water, the plaster paste will become hard in twenty minutes.

Skimmed milk, having a specific gravity of 1033, will delay the hardening to four hours. If to the skimmed milk be added 50 per cent. of water, the paste will harden in one hour.

Since plaster of Paris is very cheap and accessible to all, it is very easy for milk consumers to test the milk they buy every week, or often enough to satisfy themselves of the character of their milkman.

**THE EMPIRIC THEORY OF VISION.**—(Schmidt-Rimpler. *Sitzungsber der Gesellsch. zur beförderung der ges. Naturwissensch.*, zu Marburg, 1881, No. 4, Dec.) A child three years old had forgotten its sight so completely in consequence of an acquired opacity of the lens, that after being successfully operated it had to learn to see again. This is against the view of Dubois-Raymond, according to which the ability to interpret correctly the impressions on the senses is not exactly congenital, but comes suddenly, the child not being taught by experience in the way assumed by the empiric theory.

**BATHS FOR THE NEWLY-BORN.**—Dr. F. Winckel, of Dresden (*Centrab. F. Gynakol.*, Jan. 7, 1882), makes the novel suggestion of keeping certain newly-born children permanently in warm water. The following abnormal conditions are mentioned as being suitable for the permanent bath. 1. Children born between the 28th and 36th weeks. 2. Children born asphyxiated and weak from flooding during labor, or who have accidentally lost blood from the stump of the cord. 3. Where there is disease or fretting of the skin. 4. In emaciation, to prevent bedsores. The author has employed this treatment successfully in cases such as those above mentioned, and gives details of temperatures and results.

**THE WEIGHT OF AIR.**—A cubic foot of air weighs 538.1 grains, or something over one ounce; 13.06 cubic feet weigh one pound. About 65 cubic feet of air furnish one pound of oxygen. An apartment eight feet high, 12 feet wide and 13 feet long, contains about 100 pounds of air; and a room 40 feet square and 18 feet high contains about a ton.

**A NEW SIGN OF PREGNANCY.**—It was laid down as a law by Graves, that in cardiac hypertrophy the pulse at the wrist remains constant, regardless of the position of the body. A writer in *Archives de Toxicologie* assumes the existence of such hypertrophy in the pregnant female, and by applying Graves' law claims to be able to diagnose pregnancy even in the first two months. Under ordinary circumstances there is a variation of from ten to twenty beats per minute in the recumbent, sitting and standing positions, but during pregnancy no such variation can be detected. The editor of the *Canadian Practitioner* has applied this test in one case and found it correct.

**TOXIC EFFECTS OF NITRO-GLYCERINE.**—Dr. Barrington Nevitt reports the following interesting case, in a communication to the *Canadian Journal of Medical Science*: A. B., a florid, healthy-looking man of about forty, by occupation a contractor, having a great deal to do in constructing drains, makes use of dynamite cartridges. He frequently carried one of the cartridges about with him in his bare hand for the purpose of warming it. The cartridges are made of paper, and the *nitro-glycerine* often leaks through, staining the paper. He has noticed on one or two occasions a stinging sensation when he had a cut or crack on his hand. After this, within a few minutes, he would be seized with an intense headache, burning of the face, ringing in the ears, and a feeling as though the head were enormously enlarged and swollen, together with a palpitation of the heart. At other times the headache would not come on until night, after his return from work. It would then occur accompanied with the same symptoms as during the day, and was traced to his custom, after washing his hands as thoroughly as possible, of touching his tongue with his fingers, to see if all the dynamite was washed off. It was only when he tasted a peculiar sweetish taste that the headaches were found to supervene. After being advised of the probable cause of these symptoms he used gloves when handling the cartridges, and did not taste his fingers, and has since had no sensations of the above character.

By the aid of the microscope, chronic Bright's disease can be distinguished from an acute case. If we find renal casts and blood in the urine of a patient, it indicates disease of recent date, but if we find transparent or waxy casts, it indicates fatty degeneration of the kidneys. If blood is from the kidneys, the corpuscles are equally diffused through the urine, but if from the bladder or urethra the color is "pinkish or vermilion," and contains clots. If we detect uric acid crystals in the urine before it gets cold, or within six hours after it has been voided, the patient is in danger of having a calculus form in the bladder. This can be ascertained by the aid of the microscope, and then we can give remedies that will avert it. By the aid of the microscope we can distinguish a malignant from a benign tumor, and pus from a strumous patient from a healthy subject.—*W. S. Ross, in The Microscope.*

**THE VALUE OF CREDE'S METHOD** of expelling the placenta has recently been tested by comparative experiments. Fehling tested Crede's method in ninety cases. The placenta was left to come away itself in ninety-five cases. The following were the results:

In the first series of Crede's method the average loss of blood for each patient was  $\frac{5}{8}$  vss. The time before the placenta came away averaged 7.7 minutes. In the second series the average loss of blood was  $\frac{5}{8}$  vij. The time before expulsion was 13.4 minutes. In eighty-five of the ninety cases treated by Crede's method the membranes came away entire. In ninety-one of the ninety-five cases treated by the other method the membranes came away entire.—*Ohio Medical Journal.*

**AN INGENIOUS DEVICE FOR SUPPORTING A HOSPITAL.**—Mr. Arthur Keugh, of London, has hit upon an ingenious plan for getting funds for the dental hospital. He has started a "cigar thrift" fund. He places boxes in cigar shops, clubs, smoking rooms, etc., in which the ends of cigars can be placed. They are valuable enough, if the system is sufficiently widespread, to bring in a considerable sum of money annually. There is also a small cigar cutter for the waistcoat pocket which preserves the tips, and these gentlemen themselves can save and forward.

**EARLY** closing of the fontanels indicates early dentition, and *vice versa*.—*Southern Dental Journal.*

**EMERSON'S FAME.**—When Longfellow, the poet of graceful art and of sympathy as tender as his voice, took his departure, there went up a cry as from a sense of fireside loss. People everywhere dwelt upon the story of his life and recalled his folk-songs. Emerson glided away almost unperceived under the shadow of the popular bereavement. But soon, and still multiplying from the highest sources, tributes to his genius began to appear,—searching, studying, expounding him,—as when a grand nature, an originating force, has ceased to labor for us. This is the best of fame: to impress the selected minds, which redistribute the effect in steadfast circles of extension. More than his associates, Emerson achieved this fame. He had the great man's intellect, which, according to Landor, "puts in motion the intellect of others." He was, besides, so rare a personage, that one who seeks to examine his writings apart from the facts and conduct of his life, needs must wander off in contemplation of the man himself.—*E. C. STEDMAN, in the April Century.*

**LOCOMOTOR ATAXY, OF SYPHILITIC ORIGIN.**—According to M. Fournier, in almost all cases syphilis has a part in the production of locomotor ataxy, and he gives the following rules respecting the management of the case:

1. Always seek for any manifestation of syphilis in cases of locomotor ataxy.
2. If such exist, institute immediately prolonged and severe anti-syphilitic treatment.
3. Syphilis should be energetically treated from the start, so as to prevent the occurrence of such serious accidents later on.—*Med. and Surg. Reporter.*

**TEST FOR ALBUMEN.**—Dr. George Johnson, of London, recommends *picric acid* for the detection of albumen in urine. It immediately coagulates the slightest trace of albumen, and the test is believed to be quite delicate and free from fallacy. It is very convenient, can be carried in the form of powder, and all that is necessary is to warm the urine, drop a little of the acid into it, and slightly agitate it.

**HAD THE GOUT.**—Incidents of a highly ludicrous nature frequently occur in the examination of patients both by doctors and by students. A professor on one occasion was lecturing to his class on the means of diagnosing disease by the external appearance, face, and other details of the patient. Expressing his belief that a patient before the class afforded an example of the practice in question, the professor said to the individual: "Ah! you are troubled with gout!" "No, sir," said the man; "I've never had any such complaint!" "But," said the professor, "your father must have had the gout!" "No, sir," was the reply; "nor my mother, either!" "Ah, very strange," said the professor to his class. "I'm still convinced that this man is a gouty subject. I see that his front teeth show all the characters which we are accustomed to note in gout." "Front teeth!" ejaculated the patient. "Yes," retorted the professor; "I'm convinced my diagnosis is correct. You have gout, sir!" "Well, that beats everything," replied the man; "it's the first time, sir, I've ever heard of false teeth having the gout! I've had this set for the last 10 years!" The effects of this sally on the part of the patient upon the inquisitorial professor and his students may be better imagined than described.—*Chambers' Journal.*

**USE OF THE CONDOM IN GONORRHEA.**—The plan of a writer in the *Southern Clinic* is to cover the glans with a thin layer of disinfectant cotton, and then to draw the condom over it. By this means undue pressure is avoided, perfect cleanliness obtained, and the movement of the limbs are not interfered with, as is the case with a cumbersome bandage.

**IODOFORM IN PHTHISIS.**—At a recent meeting of the Manchester Medical Society, Dr. Dreshfield read a paper on the internal administration of *iodoform* in phthisis. His experience extended over a period of more than six months; and the results so far obtained were satisfactory. The *iodoform* was given by inhalation, and internally, in the form of pills (1 grain per dose), mixed with *erco-sote* and *dextrin*. The best results were obtained in cases of incipient and acute phthisis. The conclusions arrived at were these: 1. *Iodoform* is well borne by the patient, without producing nausea or gastric irritation. 2. Owing to its anæsthetic properties, it relieves the irritation in the throat, and the cough, especially in incipient phthisis. 3. In some cases, it increased the digestive powers and appetite, and relieved the vomiting. 4. It reduces slightly the temperature in cases of phthisis with raised temperature. 5. In no case have any bad results followed the inhalation of *iodoform*. 6. Hemoptysis forms no counter-indication for its administration (in some cases, hemoptysis entirely disappeared on the administration of *iodoform*). 7. In incipient phthisis, *iodoform* seems to arrest the disease.—*British Medical Journal*.

**MORTALITY STATISTICS AND FOOD.**—The *Students' Journal* gives some interesting facts deduced from an examination of the viability of children under different methods of feeding in Germany. Thus of 100 children nursed by their mothers, only 18.2 died during the first year; of those artificially fed, 60 died; and of those brought up in institutions, 80 died to the 100. Again, taking 1,000 well-to-do persons and 1,000 poor persons, there remained of the prosperous after five years, 943, while of the poor only 665; after fifty years there remained of the prosperous 557, and only 283 of the poor; in seventy years there remained of the prosperous 225, and but 65 of the poor. The total length of life on the average among the well-to-do was found to be fifty years, as against thirty-two among the poor.

**CONVALLARIA MAJALIS.**—From facts stated by A. Langlebert, in a note on this new remedy (*Pharm. Jour. and Trans.*, Aug. 19, 1882) it would appear that each part of the plant employed produces a slightly varied effect. After several trials made with the flowers, stalks, leaves, and roots, the best results were obtained with an aqueous extract prepared from the flower and stalks of the *convallaria majalis*, with the addition of a third of their weight of roots and leaves.

**DIABETES MELLITUS CAUSED AND CURED BY OPIUM.**—Levinstein, in his valuable monograph, *Morbid Craving for Morphia*, says: "The presence of sugar in the urine after the administration of poisonous doses of *morphine*, which must be considered as of frequent occurrence, will, henceforth, have a legal importance. The absence of sugar in the urine in a case of suspected poisoning by *morphia* would at least render it doubtful whether death was caused by *morphia*. Such a case would be decided if the quantitative analysis should show an amount of *morphia* sufficient, according to experience, to prove fatal."

Dr. Bastian has published, in the *British Medical Journal*, Jan. 7, 1882, a case of diabetes mellitus in which much benefit was obtained from the use of *opium* in large doses.

**SPIRÆA ULMARIA.**—Dr. J. Baugh, of Hamilton, Canada, reports in the *Canadian Lancet*, August, 1882, that the use of this drug (commonly called *queen of the meadow*) in the treatment of senile enlargement of the prostate gland has in three cases given him wonderful results. The most obstinate retention of urine was promptly and completely relieved in fifteen minutes by a simple infusion of the herb. Its anti-spasmodic properties are very marked at the sphincter vesicæ. The doctor asks for this agent a fair trial by the profession.

**NEW DOCTORS.**—At the commencement of the Medical Department of the University of the City of New York, March 13th, there were 164 graduates. The Bellevue Hospital Medical College graduated 167. The New York Homœopathic Medical College had a graduating class of 47. The Homœopathic Hospital College of Cleveland, Ohio, had a graduating class of 53. The Dean's annual report showed that the institution is in a flourishing condition. The improvements in the college building have added greatly to the convenience and comfort of both the teachers and students. The Matriculation examination has been the means of noticeably improving the educational quality of the classes, as especially shown by the high general average sustained in the quizzes and final examinations. The averaged per cent. of the 55 graduates is 879.10. The U. S. Medical College, N. Y., had a graduating class of 25.

**NEW HOSPITALS.**—The new and much needed hospital for contagious diseases on North Brothers' Island has been completed at a cost of \$66,000. It will be connected with Port Morris by a submarine telegraph, and will be reached by a steamboat running directly to the Island. A new hospital for sick children with contagious diseases will be erected during the summer at the foot of East Sixteenth street.

## MISCELLANY.

—Dr. E. Guernsey will remove May 1, to 536 Fifth avenue.

—The Bill to Prevent the Importation of Adulterated Teas was passed by Congress.

—Dr. C. J. Maguire claims that *subnitrate of bismuth*, internally, is a specific for cancer of the oris.

—The publication office of the NEW YORK MEDICAL TIMES will be, after May 1, 536 Fifth avenue.

—Dr. Wm. H. Van Buren the eminent surgeon died in this city March 25th, at the age of sixty-four.

—Murchison says that when alcohol intoxicates a typhoid fever patient the fact indicates his convalescence.

—Dr. F. D. Tripp, of Taunton, Mass., has been appointed City Physician and member of the Board of Health of that city.

—A London paper states that during the year 1882, twenty English medical men have died at an age varying between 78 and 96.

—The eighth session of the International Medical Congress will take place in Copenhagen from the 10th to the 16th of August, 1883.

—The American Homœopathic Ophthalmological and Otological Society will hold its seventh annual meeting at Niagara Falls, June 18th next.

—Professor Von Sigmund, well known as one of the most distinguished German syphilographers, died Feb. 1st, in the 74th year of his age.

—It is now asserted by M. Polin, a public vaccinator, in *Gaz. Hebdomadaire*, that in children suffering from hereditary syphilis, vaccination does not work.

—It is stated that sciatica will be promptly and permanently cured by extension with the weight and pulley. Traction is continued as long as there is pain.

—*Cannabis indica*, in ten to twenty drop doses of the tincture, repeated every five to ten minutes, is claimed to have relieved the most severe cases of epistaxis.

—*Peppermint Oil* in herpes zoster, says Dr. Meredith, of Birmingham, England, when applied locally, rapidly allays the pain.—*Journ. of Cutan. and Vener. Dis.*



—M. Vulpian, as the result of numerous experiments with tuberculous virus, recommends *sulphurous acid* as the most powerful destroyer of its specific properties.

—The *Century Magazine* for April maintains its well-known reputation for literary ability, and for interesting articles thoroughly abreast the times. It will find an appropriate place in the reception room of the physician.

—Miss M. C. Thomas, daughter of Dr. James Carey Thomas, of Baltimore, has just been awarded the title of Doctor of Philosophy by the University of Zurich, Switzerland.

—Dr. W. B. Atkinson brought before the Philadelphia County Medical Society, Jan. 17th, a most interesting case—a man who has never had teeth or hair, and is without the sense of smell.

—Dr. B. W. Richardson, in a recent address, went so far as to declare that he had never seen a healthy child, nor one that had not in it either some ancestral or latent constitutional disease.

—Sir Thomas Watson left an unusually large fortune for a physician, the personality alone amounting to over \$800,000. With the exception of a few legacies this sum is divided between a son and daughter.

—Our subscribers will find in this number, a bill for the current volume, and the publishers will feel obliged if those who have not already done so, will insert their names, add arrearages, if any due, and remit by check or postal order.

—THE PLEXIMETER MUST GO.—A Cincinnati doctor has discovered that when his finger is used to receive the blow of the plexor, the sensation produced upon it is painful in percussion over a dull spot, but not over a resonant area. His finger is not for sale.

—The Beaver County Homœopathic Medical Society held their first regular meeting in the office of Dr. P. D. Liscomb, Beaver Falls, Pa., on Feb. 15th, when a permanent organization was effected and the following officers elected: President, Dr. P. D. Liscomb; Secretary, Dr. Wm. Raymer, Beaver Falls.

—The death of William Pirrie, M.D., LL.D., is announced. Dr. Pirrie was the leading surgeon in the North of Scotland. His chief literary works were his "Surgery," which has run through three editions in England and five in America, and his *Treatise on Acupressure*, published in 1867.

—In China the thumb is regarded as a better means of identification than the face itself. Celestial vagabonds are not photographed for a rogues' gallery, as in this city, but their thumbs are smeared with lamp-black and pressed down upon a piece of paper, thus furnishing a rude impression, which is carefully kept in the police records.

—A case of pellagra—interesting as being the first observed (or, at least, the first recorded) in this country—is described by Dr. S. Sherwell, in the *Journal of Cutan. and Vener. Dis.*, for February. It occurred in the person of an Italian seaman, who entered Long Island College Hospital June 5th, and died September 10th following.

—PRESENTATION TO PROF. DOWLING.—Prof. J. W. Dowling was presented with a beautiful gold headed ebony cane, by the class of the New York Homœopathic Medical College, at the close of the session just ended. The presentation was accompanied with an appropriate and pleasant address of appreciation, by Dr. J. L. Lawshe, in behalf of the class, and was a complete surprise to the recipient. This little episode is described as a most pleasant event to all concerned.

—The immigration of German physicians (says the *Medical Record*) is a thing which is yearly increasing, and which deserves some attention from the profession in America. They now number over 2,000, and they generally succeed abundantly. There is no doubt that German physicians coming over here, thoroughly equipped, easily keep, at least, the practice among their countrymen. It may be seriously questioned if they will not do much more, if our colleges continue at their present low standard.

—Dr. S. F. Shannon has removed from Allegheny to Sewickley, Pa.; Dr. I. B. Chantler removed from Sewickley to 65 Arch street, Allegheny; Dr. J. R. Horner, class '83, Cleveland, has located at 332 Penn ave., Pittsburgh; Dr. Chas. Gangloff, class '83, Cleveland, has been appointed to the staff of the Pittsburgh Dispensary; Dr. E. E. Briggs, class '83, New York, will remain for the present in Pittsburgh; Dr. L. M. Rousseau, class '83, Cleveland, has opened an office at 210 Penn avenue, Pittsburgh.

—When news of Van Valzah's treatment by a homœopathist reached the ears of the Jefferson Hospital Staff, his former associates at once demanded his resignation. The offender's resignation was received six weeks ago, and his name wiped from the roll of visiting physicians. Dr. Samuel D. Gross said he knew nothing of the particulars of the case, "except that Van Valzah went over to homœopathy and we got rid of him. When a man goes over to homœopathy we have no further use for him. You can't mix oil with water, they won't unite." (*Gaillard's Journal*).—Our own precise opinion, tersely expressed; and we are glad to be confirmed in it by such eminent authority. Both elements are equally useful in their own sphere and should be allowed to remain there.

—THE LAW TO PREVENT BABY-FARMING.—The "Act to Prevent Baby-farming," recently passed by the Legislature, provides that no one shall receive to board more than two infants under the age of three years, in the same place at the same time, unless such person shall have been licensed by the Mayor or the Board of Health, and that the officers of any incorporated society for the prevention of cruelty to children may at any time inspect such nursery. It is made part of the duty of such officers to see that the provisions of the act are enforced. The act does not prohibit the boarding of infants when accompanied by their parent, relative, or person entitled to their custody, nor does the act apply to incorporated societies for receiving and caring for foundlings or abandoned or homeless infants.

—Dr. A. P. Williamson, Chief-of-Staff, reports 1,012 patients treated at the Homœopathic Hospital, W. I., for February, with a death rate of 2.4.

Among the interesting cases treated were the following:

Acute croupous pneumonia, 1; acute bronchitis, 7; acute pleurisy, 3; acute articular rheumatism, 5; acute muscular rheumatism, 3; acute alcoholism, 8; intermittent fever, 3; acute enteritis, 5; acute parenchymatous nephritis, 1; acute pericarditis, 1; aneurism abdominal aorta, 1; fractures, femur, 2; ribs, 5; colles, 3; ulna, 2; superior maxillary, 1; fibula, 1; wounds, incised, 1; lacerated, 7; contused, 11; frost bite, 3; burns, 6; syphilis, primary, 3; secondary, 11; tertiary, 10; gonorrhœa, vaginal, 3; urethritis, 4; chancroids, 7. There were also 14 cases of traumatic, and 20 idiopathic erysipelas treated, with no deaths.

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